STO

PUBLIC LIBRARY
FORT WAYNE & ALLEN CO., IND.

INDIANA COLLECTION

ALLEN COUNTY PUBLIC LIBRARY
3 1833 05344 459 9

REFERENCE

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV JANUARY 1904 No. 1

EDITORIALS

Inadequate Fees for the Physician.

It seems strange and certainly unjust that a large proportion of the people individually and collectively seem disposed to undervalue the services of physicians who as a result of their education, skill and experience are frequently able to save lives that but for the care of the physician would be lost. In many States the courts have held that a life is worth from five to ten thousand dollars, and railroads through experience have learned that it is much better to compromise with people injured in railroad wrecks than to attempt to fight damage suits which not infrequently result in damages in sums varying from a few dollars to many thousands of dollars, in one case judgment actually having been rendered for fifty thousand dollars. That a live person is worth more than a dead person is an argument which needs no defense. It would seem then that if by reason of the expert knowledge and skill of the physician, acquired at

a large expense of time and money, and experience, a life saved that otherwise would have been lost, the physician rendering the services should be reasonably compensated for his work, and this is particularly true if the patient or those upon whom his support depends is amply able to pay a just and reasonable fee for the services. Yet, how frequently do we find wealthy people objecting to what to them would be an insignificant sum charged for medical or surgical services of an expert character even when it has been clearly demonstrated that by means of such services the life of a person has been saved. The objection is usually raised that because the physician does not always obtain large or even good fees for his services he ought not in selected cases charge more than an average of his fees. It is not taken into consideration that the physician rarely if ever refuses his services to any, no matter how poor, and that many times no fee whatsoever can be obtained or should be expected from those whose financial circumstances permit only the purchase of the necessaries of life let alone medical services. The physician does not, like the merchant, have different qualities of service for which he can charge varying prices. His services to the indigent poor are and must be of the same quality as the services rendered the rich. Because a skillful operation which saves the life of a poor person is paid for in the sum of $25 is no reason why the same services to a rich person should meet with no greater compensation. Leaving out the sense of gratitude which ought to prompt a wealthy individual to pay a good fee for professional services rendered, when such fee, which may possibly be large for the physician is of but little consequence to the patient because of his abundance, there still remains the element of justice which should demand that the physician receive as adequate compensation as one in any other profession where expert services are rendered. The lawyer does not hesitate to charge large fees for comparatively trifling services, and seldom if ever does his clients complain of the fees, and if tested in the courts the amount of his bill is generally recognized as a just and reasonable compensation. Yet how frequently does the surgeon have to content himself with a pittance, as compared to the remuneration awarded the lawyer, if he elects to carry his case to the courts in order to effect a settlement with a wealthy patient.

511174

Our readers are more or less familiar with the brand of justice usually dealt to the physician, and the celebrated Fair case is an instance. The relatives of the millionaire Fair objected to the payment of a thirty thousand dollar fee to the physicians who gave extended and expert services to Mr. Fair during his last illness which covered a considerable period of time. The objection was sustained by the newspapers, the public generally, and even the courts. Not one word of protest, however, was entered by the relatives, the newspapers or the courts to the fee of one hundred thousand dollars which the attorneys charged for settling the Fair estate, yet the physicians were rendering services requiring greater responsibility because they had to do with a life which when once lost could not be restored, whereas the lawyers were dealing with property which could be restored, and the value of which is not to be compared with the value of a life.

We have recently had in this vicinity a test of the justice usually accorded physicians, in the trial of Dr. C. B. Stemen, of Fort Wayne, vs. James Kaough, for the collection of fees for surgical services rendered. In this case the defendant's daughter was operated for purulent appendicitis by Dr. Stemen, the patient making a complete recovery. In the trial it was shown that the operator was a man of skill and large experience, and for many years recognized as a surgeon of unusual ability. It was even shown that the plaintiff was one of the first men in America to perform the operation for appendicitis, and as a result of his skill had been accustomed to receiving fees of from $500 to $1,000 for the operation. It was also shown that the defendant was a man of wealth and amply able to pay the fee of $500 which the plaintiff had charged, without inconvenience to himself or those dependent upon him, yet in the face of this evidence the jury awarded the plaintiff but $350 as compensation for the services rendered and the after-attention of the case. A strange feature in the verdict rendered by the jury was the fact that not a single negative answer was made to the interrogatories propounded by the attorneys for the plaintiff, and to the question as to whether the services were not reasonably worth five hundred dollars the answer "yes" was given.

Quite recently a millionaire senator of Washington, while apparently dying from an essentially surgical disease, called to his bedside a surgeon from Philadelphia having a national reputation. An operation was advised as the only possible hope of saving the

patient's life, and consented to by the patient and immediate relatives. The patient's life was saved, and later the surgeon presented a bill of twenty thousand dollars to which the many times millionaire objected. Though refusing to pay the amount charged he frankly admitted that the surgeon had saved his life under desperate circumstances. The surgeon replied to the objection, that the millionaire as a dead man was worth five thousand dollars according to law, and that according to sensible reasoning he ought to be worth four times that amount as a live man. The millionaire was also advised that if out of his means he could not afford to pay the bill as presented then he could send a check for what he thought the services were worth. The surgeon received a check for five thousand dollars. It is reported that the patient paid his attorneys ten thousand dollars for drawing his last will and testament. Surely the practice of medicine and surgery brings out peculiar manifestations of gratitude and justice.

We have only one comment to make, and that is that physicians are at fault for this state of things. If the medical profession as a whole did not undervalue professional services, and, from pure jealousy, and a spirit of antagonism to each other, countenance and encourage reduction of fees in instances where it is not only possible but reasonable to obtain compensation that will compare favorably with compensation for services rendered by men in other professions, then we would not hear so often that multi-millionaires have compelled their physicians to accept insignificant fees for valuable services rendered. We do not advocate commercialism in the practice of medicine, but we do advocate an apportionment of the returns for services rendered which shall compare favorably with the rewards for services rendered by members of other professions where no more knowledge, experience or skill is required.

And here let us add that the general practitioner who undervalues his services by charging from a dollar to a dollar and a half, usually the former, per visit, and complains because the specialist in any branch of medicine receives comparatively higher fees, should come in for severe criticism. Even the most ignorant veterinary surgeon charges two dollars for visiting a sick horse, cow or dog, and has no difficulty in securing such a fee, yet the man who pays the veterinary surgeon two dollars a visit for attending his sick dog has learned to expect a bill of but one dollar for visiting his sick child, simply because the

attending physician has never valued his services sufficiently to charge more. It is not the public that is at fault because of this state of things but it is the doctor who is willing to accept less than his services are worth. No honest and conscientious physician will charge the deserving poor a fee that will be a hardship to the patient or those upon whom he depends, but no competent or conscientious physician should render his services to those able to pay without expecting and demanding more compensation than is generally obtained. The courts should sustain this view and they will sustain this view when physicians become a unit in demanding their just dues. A. E. B.

The Nativity of Charity Patients.

From a recent report of the work done in the Lying-In Hospital in New York, which report appeared in the *Commercial Advertiser*, we learn that of the total number of patients treated in this institution, "over 3,000 were foreign born and 716 native born." No stronger evidence can be offered than this of the necessity of either a more stringent immigration law or a better enforcement of the law now in existence.

It may be truly said that foreign born women have more children than our native born women, but as an offset to this may it not with equal truth be said that the poorer class of our native women have more children than do the well to do. So that the excessive number of foreign born women admitted to this institution can only be accounted for by admitting that we allow a large number of immigrants to come in who are unable to cope with the ordinary vicissitudes of life, or in other words, are virtually paupers. It is generally believed that foreign born people have less aversion to hospitals, and are more given to asking charity of this kind. The first of these propositions as applied to any of our larger cities, and to New York especially, is open to serious doubt; the second is true we believe, and our national pride causes us to hope that we are correct. But giving to both these propositions all the weight that any reasonable person would grant them will not account for the fact that more than three-fourths of the women confined in the New York Lying-in Hospital are of foreign birth.

Are children of such parentage born under such circumstances likely to develop into desirable citizens? Is it not likely that from these children very largely, will be recruited our army of vagrants, criminals, anarchists and degenerates? Can this

country assimilate such material without serious hurt if not fatal disaster? Is the risk we run in admitting this class of people warranted on humanitarian grounds? Is our law governing immigration what it should be, and if so, is it enforced? These are important political questions the solution of which should especially interest the physicians of this country. M. F. P.

Work in the Field of General Medicine in 1903.

The year 1903 has been one of marked activity in general medicine, but without any epoch making discoveries. The amount of work done in its various departments is indicated by the fact that in 418 of the leading medical journals of the world there are something more than 2,800 articles listed. This does not include nervous and mental diseases which, though practiced as a separate specialty, is still a part of general medicine, and in this department alone there were more than 1,200 additional articles making a round total of about 4,000 articles in the whole field of general medicine in the leading journals of the world. This does not, of course, include a large number of articles published in various provincial journals some of which are very creditable and well worthy of consideration. It is manifestly impossible in a few paragraphs to even roughly indicate the line and character of the work which has been done. This is the work of the Year Book and the various publications in serial volumes intended to acquaint the reader with the work of the preceding year. Even within the compass of these large volumes, it is only possible to make the presentation in a somewhat imperfect manner, and the absurdity of an editorial review which would be at all worth the title is perfectly obvious.

We will simply call attention to a few of the things which have impressed us personally during the progress of the year without vouching for their unquestionable pre-eminence over all others. The subject of tuberculosis has occupied an important segment of the mental horizon of the profession as indicated by the fact that there have been in the same list of journals referred to 229 articles on this subject alone. The extensive prevalence of the "great white plague" fully justifies the attention which has been given it; and the indications are that the campaign against tuberculosis will wax hotter and hotter until public sentiment, public intelligence, and public conscience have reached the point of dealing

with it in an effectual manner which can be done without reasonable doubt. There has been among other things a marked tendency to sanitarium treatment, the benefits of which have been conspicuously shown in many quarters. On the other hand Osler and others have emphasized the importance of carrying out effective measures of treatment at home for a very large class of patients who must either get well there or not at all. When the profession, backed up by healthy public sentiment, recognizes the power of fresh air, proper hygiene and ample nutrition in dealing with tuberculosis both in prophylactic and therapeutic meausures, important results may be looked for in the near future.

Swartzkoff has made some interesting studies in a series of cases of tuberculosis and could find a history of exposure to infection in 40 per cent. of the entire number. When we consider the difficulty of getting a definite history of an infection which may occur at any time during a period of years, this proportion must be considered as strong evidence in view of its contagion. Infection in infancy may cause local foci of tuberculosis which may remain latent and lead to an active process after thirty years of age. On the other hand, Behring thinks that contagion has not been proven, and that old foci with bodily conditions are the determining features. He fails, however, to account for the old foci.

Another important feature, especially among the French and Italian clinicians is the important role played by sodium chloride in oedema. In nephritis the renal cells are held to be relatively impermeable to sodium chloride and the water is retained in the system because of the failure of the kidneys to eliminate the salt. A diet, therefore, poor in salt has been successfully used in the treatment of renal dropsies.

Amaeba of the human intestinal tract has been made the subject of important studies by Shaudinn and others. As is well known the intestines of normal individuals contain protozoal forms. These innocuous forms Shaudinn calls entamaeba coli while he terms the amaeba responsible for dysentery entamaeba histolytica and appears to have proven quite conclusively that these two different forms are biologically distinct from each other. The pathogenic form responsible for dysentery differs from the other in many respects and among others in its power of penetrating the tissues of the intestinal mucosa and there setting up deep seated and severe pathological processes.

The prevalence of smallpox has awakened unusual interest in this disease and a large amount of work has been done. Every once in a while the discovery of the organism of variola is announced. Pfeiffer as the result of recent studies considers the protozoal character of the virus, which has been claimed by some, exceedingly doubtful and has described free nucleated bodies which he considers important flowing in the blood about one-fourth the size of red blood cells. These nucleated bodies, he admits, are occasionally found in the blood of healthy subjects, but are greatly increased both in variola and vaccinia. His observations have been corroborated by Reed.

The City of Cleveland has taken an important step by appropriating a considerable sum and starting some laboratory investigations on the nature of smallpox. If important results should follow, the scourge of the disease from which Cleveland has suffered will not be in vain.

Some interesting studies and investigations concerning anthrax have also been made. For instance, it has been found contrary to what one would *a priora* expect that the blood of animals dead of anthrax is still bacteriolytic for the anthrax bacillus. Basle and Peterson have made the discovery that if the liver, kidneys or other organs are taken from these same animals dead of anthrax, extracts made from them and added to the blood, that the latter will then have lost its bacteriolytic properties. The far reaching significance of these discoveries as indicating the relative role played by the organs and the blood in infectious diseases is obvious.

In conclusion we will just mention an important discovery of Conheim with reference to sugar metabolism. He has shown that there exists in the muscles a complemental substance which, acting in combination with pancreatic extracts, have a powerful influence upon sugar. It is, of course, the "internal secretion" of the pancreas which is active in this way. This discovery is strictly analogous to and was indeed suggested by the discovery of Paulow that the ordinary secretion of the pancreas only becomes active when after entering the intestine it becomes mixed with an analogous complementary body in the intestinal secretion. Its discovery bids fair to be of vast importance in clearing up the pathology of diabetes mellitus.

Space will not permit further reference to many other perhaps equally important subjects. On the whole it can be said

in a general way that the advance of internal medicine during the year 1903 has been of a very gratifying character and will mark a conspicuous mile stone in the history of medical progress.

G. W. M.

The United States Pharmacopeia of 1900.

Carl S. N. Hallberg, Ph. G., a member of the committee of revision, read a paper with the above title at the New Orleans meeting of the American Medical Association, and which appears in the *Journal* for December 19, 1903, in which several questions of interest to the physician are considered. In the first place it appears that this will be a work which the general practitioner will really want and should have. It should also be frequently consulted. It will be late in coming from the press owing to unavoidable delays, principally the death of several members of the committee.

This new work will contain many new agents, synthetic compounds, even if the process of manufacture is patented, provided their formulae and action is known. It will also contain antitoxin and other agents whose standard is obtained in a biologic way.

Dosage also receives attention.

It is desirable, in order to overcome a very obvious trend of the medical profession, to pay more attention to scientific therapeutics and a copy of the latest United States Pharmacopeia should be in every physician's office ready for instant use.

B. Van S.

Arthritis Deformans.

Among the many good papers presented to the last meeting of the American Medical Association was one with the above title by Thomas McCrae, of Johns Hopkins Hospital, and published in the January 2, 1904, issue of the *Journal*. The paper is a consideration of one hundred and ten cases of arthritis deformans, with special reference to the clinical history and the differences between this disease and acute rheumatism. In regard to the general joint features in the acute attacks, he says:

"There is usually a polyarthritis, but rarely any succession of joints becoming involved and then clear, as in rheumatism. A joint when once attacked is rarely free until the attack is over. There is usually considerable pain, moderate swelling, which may extend above and below the joints, (especially in the elbows, wrists and knees,) at times redness, but not as marked as in rheumatism, sometimes some heat, and rarely extreme tenderness. If with

these features there be involvment of the joints of the hands or fingers, of the cervical vertebrae or temporomaxillary joints, the diagnosis is fairly certain. With these local conditions there is usually not high fever (often surprising when the degree of arthritis is considered), but a rather rapid pulse-rate. There is rarely endocardial involvement. To sum up, a polyarthritis which does not shift about, slight fever and a rapid pulse, are the most striking features, As time goes on the fact that the joints change very little, the arthritis persists and the usual rheumatic remedies are of little avail, all help to decide the diagnosis. After the subsidence of the acute features the persistence of thickening about the joints is a suggestive feature."

Aside from this acute form there is the chronic form, often erroneously called chronic rheumatism; the monoarticular form; a variety occurring in children, called Still's Disease, and Heberden's nodes, sometimes mistaken for gout.

These two dieases, chronic rheumatism and arthritis deformans, are so frequently mistaken that it is well for us to go over the subject occasionally to keep it fresh in our minds.

B. VAN S.

Sunshine.

Let it in. The carpet may fade in the face of it, but it is one of the best sanitary agents to be found. Soap and sunshine are the world's best disinfectants. They cheer the despondent and make glad the feelings of the morose and moody. Sunshine is equivalent to and more than brightness.

In ye olden time it was considered a sacred duty to darken all sick rooms, and the darkness made even the very rooms seem sicklier than before. Darkness is always connected with ignorance and superstition. Together these conditions walk together with hands clasped to and through the dark valleys.

Sunshine dispels all phobias and shadows and stirs the sluggard to activity. It is the very best tonic that can be prescribed. Let your patients have tuberculosis, pneumonia and typhoid have their beds so that the sun will shine on them. In the sunshine there is life; darkness is typical of death and the grave. So if you would have your patient live, let the sun shine on him every cloudless day.

Environment is almost everything in life. The dank and dark are coupled with things that creep and are uncanny. There are no ghosts or goblins in the light of day. The very Prince of Darkness is the evil one. All rottenness, even that of polluted politics, disappears in the sunshine of pure government. Sunshine is a panacea that is good for every living creature, and when given a chance will purify the putrid and decaying carcass of the dead.

Let the sunshine in to lighten the rooms of the sick. As a therapeutic agent it is one of the best.—*Cincinnati Lancet Clinic.*

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Impotency.**

BY
J. L. GILBERT, M. D.,
Kendallville, Ind.

By the term impotence we understand sexual inability—absence of sexual power or disease—incapacity to perform the act of coition. In this brief essay I shall not consider that large class of cases which belong to the domain of surgery, including those which are the result of degenerative disease of the testicles or mal-formation of the genetalia. The general practitioner is powerless to relieve those or restore healthy activity. Neither shall I consider impotence resulting from venereal diseases. I prefer to discuss those forms of impotence which are due to mental or moral causes which often yield to good management combined or supplemented by correct treatment. To this class belongs the man who is impotent because of an uncongenial marriage, where the supposed helpmeet can no longer thrill the nerve centers and set in motion the vital forces which so mysteriously bring about the physical condition necessary to successful coition. To this class too, belongs the man who before the age of discretion yielded to the demands of the functionary sexual organs in the morbid gratification which we dominate onanism, or more properly "self abuse."

The late Prof. Jos. R. Ward was in the habit of telling his classes that the vast majority of human males were addicted to this baleful habit of masturbation to a greater or less extent. He also taught that the ill effects of masturbation speedily subsided when the habit was discontinued—the overworked organs soon recuperating after needed rest. Many a poor wretch has been frightened into impotence by reading the vicious popular literature which floods the mails—pamphlets sent out thick as autumn leaves spreading terror wherever they go. The boy still in his teens reads them. Too well he knows his guilt. He reads again and ponders. He believes the plausible, and to him truthful statement of his case. He

*Read before the Northern Tri-State Medical Association at Elkhart, Ind., December 1, 1903.

would give the whole world, depressed with fear as he is, to be reinstated in the fraternity of man.—(lost manhood). He buys the advertised nostrum, takes it, and the same mental process which before cast down his powers by fear, now builds them up by confidence in the promises contained in the aforesaid literature.

It is plain from this that to restore confidence in his powers on the part of the sufferer is the first step in the successful treatment of impotency. The Mary Baker Eddy plan of saying to him: "my brother you are all right," has a potency of incalculable value. Here, as in so many purely functional or mental conditions, a bread pill or nugatory homeopathic pellet, accompanied by assurance, is often efficacious. While laboring in fear of impending imbecility and impotency, recovery by whatever treatment is an impossibility.

The purpose of this paper is to suggest treatment which a not very limited experience seems to justify by its results, in what I shall call "atonic impotency," and the first consideration is *rest.* As already intimated, the exhausted testicles will speedily resume their functions if needed rest is permitted. They should not be called upon to respond to sexual desire more than once a week, instead of the nightly fit which is so often indulged in.

What are the medicines we rely upon to tone up the sexual organs? Old January was advised to take cantharides "to fire the lazy blood" before leading the youthful May from "Church to bed," and I doubt not that for centuries before the days of Alexander Pope the Spanish fly was a popular insect with those who deemed irritation of the sexual apparatus a luxury. Not having prescribed cantharides I am unable to speak of its supposed virtue as an aphrodisiac. It is conceivable, however, that temporary fire might be kindled by it, to be followed, I fear, by the ashes of a dead flame.

Phosphorus was long the reliance of those who had sinned away their divine powers of self multiplication. I have prescribed it but not with gratifying results, and only too often with hope deferred which makes the heart sick.

We all have given nux-vomica and its alkaloid strychnine; in truth, it has been our most reliable remedy in the largest number of cases of purely atonic impotency. It is of especial value in the atonic condition due to advancing years. The average man who has passed fifty winters is no longer the sexual

enthusiast he was at twenty-five. The grasshopper is now a burden and even if desire exists execution flags. Let him take strychnine in full medicinal doses, carried to the point of physiological tolerance. Preference should be given, I think, to the nitrate rather than to the sulphate. The reason for this it would be difficult to give. My experience with both, seems to favor the former.

Damiana is a much vaunted remedy. It is most nauseating to the taste, and few will take it long, even though the goal be restored sexual competence. The celebrated Mormon tablets, I believe, were in part of Damiana. The happy conception to which they owed their name, perhaps added more to their ready sale and commercial value than the presence of actual merit.

Of late, animal therapy has been invoked,—with what degree of success I cannot say. It is reasonable to infer however that an orchitic lymph might vie with thyroid and other animal extracts in restoring glandular activity. Personally I have not prescribed any of these much advertised extracts. Of course, in common with all of you, I experimented upon a few old men with Brown Sequard's "elixer of life," when that fad was in vogue, but with negative results.

Let us hope that a reliable serum may be discovered before many of you get much older.

The name of the remedies which have been proposed for the renewal of sexual life is legion. Hygiene, moderations in gratifying sexual appetite and above all, the exercise of manly virtue, which in itself is a powerful factor in restoring confidence, the loss of which is so often the sole cause of impotency, forms the essential part of all successful treatment. Medicine has its value too. I believe with S. W. Gross that by far the most fruitful cause of sexual atony is hyperasthesia and inflammation of the prostatic urethra. In these cases I have found the milder diuretics with restricted diet and rest, or a sojourn at the alkaline springs of great curative value.

I am told by the leading charlatan of a neighboring city, who has made a fortune in treating this class of cases, that he gives diuretics to all men who have passed forty and five years, who may consult him, and as he assures me, with results uniformly satisfactory to himself and patient. The effect doubtless is to allay abnormal irritation in this part of

the genito-urinary tract, and by their action on the kidneys and bladder, composing hyperaesthetic conditions, and as a result there is restoration of tone to the sexual organs.

Finally, we must in no case promise our patients that complete renewal of youth, which Ponce de Leon sought but did not find.

---

*The Best Methods in the Treatment of Tuberculosis.**

BY
WM. A. DICKEY, A. M., M. D.
Toledo, Ohio.
Professor of Practice of Medicine and Clinical Medicine, Toledo Medical College.

The most important element in the treatment of Tuberculosis is an early diagnosis. Too much stress cannot be laid upon this. I grant you that an early diagnosis is rather an ambiguous term, for what may be early for the physician will be at times exceedingly late for the patient. Too often the physician is not consulted until the disease has made considerable progress, and its stay that much more difficult.

There are two important factors that are steadily in view in the treatment of each individual case. The first and most important of these is to increase the resisting power of the body, and second to decrease the vitality of the tubercle bacillus and to neutralize its toxine. Whatever method we adopt has these methods in view. The resisting power of the patient is best accomplished by looking after his hygiene, not only his personal hygiene, but his domiciliary as well. The individual should be made to understand at the very outset that as far as possible a life in the open air is of paramount importance—indeed is absolutely essential to recovery. Nothing should prevent this unless it is raining.

Routine but systematic bathing should be a part of the daily life of the individual suffering from pulmonary tuberculosis. In addition to baths for purposes of bodily cleanliness, I am in the habit of ordering three salt water baths each week followed by brisk friction. These baths are to be taken just before going to bed, with water at a temperature of 100 degrees Fahrenheit. The temperature of the water is a matter of much moment for it is to be remembered that consumptives do not react well to the influence of cold water. Exercise, not to the point of fatigue, should

*Read before the Northern Tri-State Medical Association, at Elkhart, Indiana, December 1, 1903.

be indulged in, but only when the bodily temperature is less than 100 F. When this point is reached the patient should rest quietly in bed. The sleeping room should be one that can be well ventilated and where plenty of sunlight can be admitted. At night the window should be well raised that an abundance of fresh air may enter, air and sunlight being the two greatest foes to the tubercle bacillus. What is far preferable is to erect a tent in some convenient place and the patient occupy a bed in this every night. In case of females a crow's nest can be built out from a window, placing over it an awning and in this safe and secluded nook she should pass her nights.

Another means of increasing the resisting power of an individual suffering from tuberculosis is by feeding or taking all the good rich food he can possibly digest and assimilate. He should be over fed rather than under fed.

The three articles of diet from which he will derive the greatest benefit are milk, beef and eggs. They can be supplemented by various other food products, but these will allow of the accumulation of the greatest amount of reserve force and energy.

We now come to speak of the administration of drugs in the treatment of tuberculosis. I think the most popular remedy today in the profession and the one that on the whole has given the best results is creosote or some one of its derivatives. It may be given from three drops and upward until the point of toleration is reached. Carbonate of creosote and guiacol carbonate are excellent remedies and are less irritating and may be given in place of creosote. Ichthyol is spoken of in the most flattering terms by clinicians of wide experience, and yet I do not think it has come into general use. It is given in pill form in five to thirty grain doses, or in capsule in from three to thirty drops three times a day.

Cod liver oil is much used but is a food rather than a medicine. However, it is useful in many cases, particularly among the poor, and should be administered.

Other remedies of greater or less potency will readily suggest themselves. The serum treatment of tuberculosis has thus far been somewhat disappointing. Partly, no doubt, because too much was expected of it at the outset and further still because the same knowledge and skill in its preparation was not had then as now. The result being that we are at present in possession of a more scientific product, so that the future is bright with hope.

The individual suffering from tuberculosis, and his friends as well, should be made to understand that the great danger in the spread of the disease lies in the sputum, and that safety demands the prompt and thorough disinfection or destruction of the expectoration, as well as the proper sanitation of all rooms occupied, particularly during the last weeks of his illness. When the patient becomes so far advanced with the disease that he is unable to leave his bed he should be provided with a pressed tin cup with handle attached, or a coffee cup, in which is neatly placed some paper and in this a layer of absorbent cotton, all of which is easily removed, and sbould be burned at once, and the cup disinfected with boiling water. In case of death, the paper on the walls of the room in which the patient has died should be replaced with new paper, and the wood work repainted or varnished. Rooms occupied temporarily should be closed and disinfected in the same manner as following other germ diseases, and then have the doors and windows raised as high as possible that air and sunlight may enter freely.

Sanitoria for the treatment of tuberculosis have accomplished incalculable good, not only in curing many who otherwise would have been doomed, but also in awakening in the profession and out of it, renewed zeal in this method of dealing with the disease. The time has come when the State should build and maintain these homes just as it does for its other unfortunates. They should be built, not alone on humanitarian grounds, but economic as well. The death rate is greatest just at beginning of that period of life that is most productive, hence of greatest benefit to the commonwealth. It would be a matter of economy then, for the State to maintain them.

The prospect of the individual recovering is materially increased by a stay in one of these sanitoria. Here he is under the immediate care and supervision of the physician, who regulates in the most painstaking way his everyday life. He sees that he takes food at the proper time and interval, and in proper quantities. He receives the necessary amount of exercise at an hour when it will be of most benefit to him, neither too much nor too little, but just what is suited to his individual case.

Another thing, he makes a business of getting well, while at home even with the most skillful advice he is liable to make his restoration to health secondary to business and other pursuits.

Two classes of patients should be sent to these sanitoria.

Those in which the disease may be said to be in its incipiency, or which the destruction of lung tissue is very small, and those in which cavity formation is very large and with whom there is no hope for a restoration to health. The former because their prospects of recovery there would be very materially augmented, and the latter that they may be withdrawn from the busy haunts of men, and thus prevent to that extent the spread of the disease by limiting the distribution of the bacilli.

A change of climate is often suggested. There may be some portions of our own country and of Europe where the growth of bacilli would be somewhat inhibited, but after all it is largely a matter of outdoor life. While it may be, and in some cases is desirable, when we come to the last analysis, the question arises, is it absolutely essential? I am hardly prepared to say that it is, because if it be true there are almost an infinite number to whom this would be fatalism.

About the Truth of It.

Client (to lawyer)—"I am afraid the physician's testimony will convict me."

Lawyer (reassuringly)—"Don't be alarmed about that. I'll read up a little about poison in the stomach, and in ten minutes I'll have the doctor in a cold sweat, and make the judge and jury think he is a hired perjurer."

Sincere Gratitude.

"Dear Doctor—When I began using your hair medicine three months ago you assured me that my hair would not trouble me much longer. I take pleasure in stating that you spoke the truth. Could you give me the address of a good wig maker?"—*Baltimore American.*

Blind Inference.

Doctor—"Thomas, did Mrs. Popjoy get the medicine I ordered yesterday?" "I b'leeve so, sir; I see all the blinds down this morning."

SOCIETY PROCEEDINGS

Northern Tri-State Medical Association.

(CONTINUED FROM THE DECEMBER NUMBER.)

"The Best Method in the Treatment of Tuberculosis," was the title of a paper by Dr. W. A. Dickey, of Toledo, Ohio. An author's abstract of this paper appears in this issue of the JOURNAL-MAGAZINE.

In discussing the paper Dr. Weitz, of Montpelier, Ohio, said that there was a necessity for the individual study of cases in order to accomplish the best results. He thought it wise to treat the pretubercular states whenever possible. He recognizes danger in the congregation of large numbers of tuberculous cases in state sanitoria as advocated by many physicians interested in the care of tuberculous cases.

Dr. Miller, of Goshen, said he would place most stress upon prophylaxis. He believed that the spread of tuberculosis could be in a very large measure limited by insisting upon the destruction of all sputum and the segregation of the more pronounced cases of the disease.

Dr. Stoltz, of South Bend, emphasized the importance of arriving at a correct diagnosis and cited cases in which empyema and other non-tuberculous lesions had been mistaken for tuberculosis.

Dr. Buchman, of Fort Wayne, said that the statistics regarding tuberculosis were subject to considerable error due to the increased proportion of deaths in institutions where conditions for treatment were not so favorable as in the individual homes or communities where the disease does not exist to any considerable extent. He considered that every consumptive is born with a defect or a predisposition to the disease. He, therefore, advocates treatment of the pretubercular state as tending to ward off the onset of the disease.

Dr. Vaughn, of Ann Arbor, said that he would let patients alone in tuberculosis except to advocate proper hygienic and sanitary measures. He does not believe in pulmonary gymnastics in acute tuberculosis. He said that so far as he knew there was no medicine that could be considered of the slightest use in

the treatment of tuberculosis, notwithstanding reports to the contrary. He thinks that the State should take care of the consumptive.

Dr. Isenbach believes it the duty of physicians to interest themselves in this question of the establishment of sanitaria for consumptives and to that end should use influence with the politicians to the end that the State supply the necessary funds for the establishment of institutions for the care of consumptives.

Dr. Van Sweringen, of Fort Wayne, said that he thought there was very much false teaching regarding consumption, as there was also many mistakes among physicians regarding the diagnosis of the disease. He considered it of the utmost importance that a definite diagnosis be made and this could only be accomplished by employing all of the wellknown methods of diagnosis, such as microscopic examination of the sputum, constant watching of the temperature and pulse, and observation of the effects of tuberculin injection. Following a diagnosis of tuberculosis it becomes the duty of the physicians to so advise the patient that the ravages of the disease will in a measure be restricted or aborted. In suitable cases change of climate meet with satisfactory results, and in all cases rigid hygienic regulations are of the utmost importance. Medication is next to useless. Exercise and food should be regulated to correspond with the condition of the patient, not all individuals suffering from tuberculosis being capable of securing the best results from the same regime.

In closing the discussion the essayist said he had nothing to add except to say that the essence of treatment in his judgment was to increase the individual resisting powers.

"Liver Cases," was the title of a paper by J. H. Carstens which was really a report of interesting cases in which either mistakes had been made, or a diagnosis had been made with difficulty. In his very characteristic way the essayist scored the physicians who make a diagnosis of acute gastritis whenever there exists a pain in the region of the stomach. The cases reported illustrated cholelithiasis, empyema of the gall bladder, cholemia, carcinoma of the gall bladder with the addition of stones, ptosis of the liver, and cholelithiasis with the addition of fibromas of the uterus.

In concluding the paper Dr. Carstens said:

"I have selected these six cases as each one teaches a different lesson in the diseases of the liver.

"Case No. 1 is one of those beautiful cases which shows as clear as the noon day sun that such a thing as acute gastritis does not really exist. I have never seen a case since I have learned to properly interpret the symptoms. When I was young and imbued with the wonderful wisdom of the man who wrote the books on "The Practice of Medicine" I used to see these cases every little while, but since I cut loose and paddled my own canoe I can see how often I made mistakes. That a sudden attack with severe pain and no temperature coming on at irregular intervals, often at night when the patient is tranquilly sleeping and when the stomach is empty and could not become inflamed, should be called acute gastritis I cannot see. An acute inflammation of the stomach really could not occur and the only thing that will produce these symptoms are gall stones.

"Case No. 2 clearly shows that such kind of malarial toxemia does not exist, not even here in Indiana, and the valley of the Wabash. It might have fifty years ago, before the country was drained, but today we do not get that kind of chronic malaria. Remember I am a firm believer in chronic malarial toxemia, but it is rare, it does not manifest itself in that kind of way. Every case characterized by a sudden onset, severe chill and fever, and sweating, lasting for an irregular time and coming on at irregular intervals, is a septic case no matter what poor diagnostician or any incompetent practitioner may call it. The one question is, where is the focus? As a rule it is in the gall bladder, in the appendix, in the kidney or in the liver. These are the four regions to look for the trouble.

"Case No. 3 is so simple. The patient actually had jaundice. Every case of jaundice if it does not subside within a few weeks, as most cases do that are simply catarrhal, should have an exploratory operation for the purpose of making a diagnosis and if possible to relieve the condition. If the jaundice is caused by gall stones or inflammatory adhesions, the operation can be complete and the patient cured. If the jaundice is caused by malignant growth, as a rule very little can be done, but the diagnosis at least is clear and you know what you are at.

"Case No. 4 shows the latter condition. The malignant growth could not be removed, but the jaundice could be relieved and the condition of the blood improved by drainage.

"Case No. 5 beautifully illustrates the necessity for an exploratory operation in obscure abdominal swellings. The patient

seemed to have a tumor. Exploration revealed simply an enlarged displaced normal organ and by bringing it into a normal position and keeping it there the interference with the return circulation was stopped and the organ soon was reduced to its normal condition. The exploratory operation not only made the diagnosis clear, but it also enabled the surgeon to cure the case at the same time.

"Case No. 6 beautifully illustrates the fact that any inflammatory condition in the abdomen of a woman will cause many practitioners to jump to a conclusion that she has a suppuration of the ovaries and tubes, and they hence proceed to remove them. The appendix is overlooked and the diseases of the gall bladder are overlooked. The pain which is often most severe during or just before or just after the menstrual period must be caused by the ovary. Care is not taken to make a proper diagnosis. The diagnosis is jumped at, no careful investigation, no watching the case.

"The great thing in the practice of medicine is the "diagnosis." For the treatment the ignoramus can look in the text books.'"

In discussing the paper Dr. Stoltz, of South Bend, said that like everything else the most essential thing was a correct diagnosis, and as a means to that end, more care should be exercised in differentiating the symptoms and manifestations of the various diseases which in a measure stimulate each other. He thought it absolutely necessary in many cases to call into consultation surgeons who see a larger number of such cases and must necessarily be more skillful in their diagnosis. He reported a case of cholelithiasis associated with a cystic ovary in which the diagnosis was but partially made.

Dr. D. S. Miller, of Goshen, said that he thought there were altogether too many operations for the various affections of the liver and advocated more attention to the non-operative treatment which he said in many instances would produce relief without the necessity for more radical treatment. He said he felt satisfied he had seen what he termed unwarranted surgical interference in cases that would have recovered without operation.

Dr. Green said he thought more patients suffering from this class of disease die from want of an operation than because of it, and he, therefore, wished to sustain the opinion of the essayist that following a diagnosis, made after careful consideration of all the symptoms, the operation should be early and thorough.

Dr. Nancrede, of Ann Arbor, asked the essayist what his experience had been in employing calcium chloride before operation to increase the coagibility of the blood. Dr. Nancrede said that he had some good results himself from this and the use of gelatine. Incidentally he said he objected to the name surgeon as applied to one who operates. He calls himself a physician who operates.

Dr. Buchman, of Fort Wayne, said that he desired to answer the charge made that there is usually too much operating. He said that he thought the surgeons for the most part obtained their cases from physicians practicing internal medicine, and the cases were usually well diagnosed and properly treated up to the point where an operation seemed warranted.

Dr. Freeman called attention to the chills and fever of cholangitis which simulate malaria. He said acute inflammation of the gall bladder occurs more frequently than is commonly supposed. Its differentiation from typhoid and pneumonia is sometimes essential.

Dr. T. Wood said that he thought it was absolutely necessary for the general practitioner to send all difficult cases to the surgeon if the patient's interests are best subserved.

In concluding the discussion Dr. Carstens said that he thought he had no results from the use of calcium sulphide. He could add nothing to what had already been said but again emphasized the importance of a proper diagnosis.

"Impotency" was the title of a paper by Dr. J. L. Gilbert, of Kendallville, presented at the evening session. The paper appears in full in this issue of the JOURNAL-MAGAZINE. The discussion of the paper met with the usual run of humorous remarks such as generally follow the presentation of a paper on this subject. In the main the serious consideration of the matter by those who discussed the paper tended to the advocacy of hygienic measures and sensible advice to these patients. Medication was thought to be next to useless, but surgical interference in enlarged prostates, strictures, and other purely surgical diseases were thought to be necessary treatment in a certain class of cases attributed to these causes.

The address of the evening was by Prof. Victor C. Vaughan, of Ann Arbor, his subject being "The Practical Side, or the Practical Application of Bacteriology." This was a very able address in which some of the advanced work of the bacteriologist was recounted. The speaker said the time was when physicians

seldom if ever called upon the bacteriologist for a diagnosis, but at the present time it was absolutely necessary for the physician to either call upon the bacteriologist, or be a practical bacteriologist himself in order to properly diagnose and differentiate many of the diseases which owe their origin to bacilli and bacteria requiring the microscope or test tube to discover. The good results secured from the various toxine injections is an evidence of the good results secured in the laboratory of the bacteriologist. It is too early to predict what may result from the experiments and investigations regarding the serum treatment of some infectious diseases which at present are not known to be amenable to lymph treatment, and yet it seems probable that eventually a serum will be discovered for the treatment of every infectious disease. Such treatment is highly scientific and founded upon the most rational grounds. The speaker particularly recommended the injection of tetanus antitoxin in all suspicious wounds, the injection to be given at the time of the injury or soon after if possible, particularly when there is any occasion to anticipate tetanus infection. Following a limited discussion of Dr. Vaughan's address the Association adjourned to meet in Ann Arbor, Mich., in July, 1904.

Indiana State Medical Association.

A called meeting of the Council of the State Medical Association was held in the parlors of the New Claypool Hotel, at Indianapolis, on Thursday afternoon, December 17, 1903. The meeting was called to order by the President of the Council, Dr. W. N. Wishard, of Indianapolis. On roll call the following responded: Geo. Knapp, Vincennes, First District; Geo. T. McCoy, Columbus, Fourth District; M. A. Boore, Terre Haute, Fifth District; W. N. Wishard, Indianapolis, Seventh District; G. W. H. Kemper, Muncie, Eighth District; Paul J. Barcus, Crawfordsville, Ninth District; Robert Hessler, Logansport, Eleventh District; Albert E. Bulson, Jr., Fort Wayne, Twelfth District, and C. A. Daugherty, South Bend, Thirteenth District. There were also present, Jonas Stewart, Anderson, President of the Association; F. C. Heath, Indianapolis, Secretary of the Association, and Dr. J. N. McCormack, Bowling Green, Kentucky, Organizer for the A. M. A.

The Secretary of the Council reported that following the adoption of the reorganization plan by the State Association, and

the election of Councilors and officers of the Council, he had ordered from the American Medical Association press the necessary printed matter for carrying on the work. This printed matter, including printed State constitutions, blank county constitutions, applications for membership, applications for charter, stationery, etc., had been distributed among the various councilors, and a letter written to each giving full instructions with reference to the work expected in each district. He reported that up to date forty-seven charters had been issued to county societies, and that the majority of such county societies had shown a decided increase in membership.

Following the report of the Secretary, the President called for the report from the various districts, and each Councilor present reported progress. These reports were generally satisfactory and showed much headway, though in many districts much opposition had been encountered. President Stewart of the Association was called upon for advice and suggestions, but offered nothing further than a request for action with reference to the appointment of delegates to the American Congress on Tuberculosis which was announced to convene in St. Louis early in 1904. At his request the matter of making these appointments was considered by the Council, and met with discussion from Drs. McCoy, Bulson, Kemper and McCormack. It was moved by Dr. Kemper and seconded by Dr. Barcus that the Secretary of the Council prepare a resolution for adoption, in which the sentiment be expressed that the Council, representing the Indiana State Medical Association, consider it inadvisable and inexpedient to take any part in the so-called American Congress on Tuberculosis, and that the President of the Association be advised to decline to appoint delegates to that Congress. The motion was unanimously carried, and later the following resolution was unanimously adopted :

Resolved, That the Council of the Indiana State Medical Association, representing the medical profession of Indiana, believing that the so-called American Congress on Tuberculosis, organized by Clark Bell, Esquire, of New York, is not a body which is representative of the medical profession or of the best scientific thought of this country, deems it inadvisable and inexpedient for the Indiana State Medical Association to be represented in said Congress, and that we advise our president to notify Mr. Bell that he declines to appoint delegates to it.

Resolved, That the Secretary of the Council be instructed to furnish a copy of this resolution to the medical press, and to Honorable John Hay, Secretary of State at Washington, who has been specially importuned to lend official aid and support to the movement.

President Stewart then suggested that inasmuch as the new constitution provides for the election of a second and third vice-president, and as such election was not held at the Richmond meeting, it was the duty of the Council to elect such officers. On motion of Dr. Bulson, seconded by Dr. Kemper, the Council proceeded to the election of a second and third vice-president for the Association. The following names were placed in nomination: Dr. Joseph G. Rogers, Logansport; Dr. I. N. Trent, Muncie; Dr. M. G. Moore, Vincennes; Dr. W. F. Shumaker, Butler; Dr. D. J. Loring, Valparaiso; Dr. Geo. Rowland, Covington. It was moved and carried that upon first ballot the candidate receiving the highest number of votes be declared elected second vice-president, and the one receiving the next highest number of votes be declared elected third vice-president, and in case of a tie between two candidates having the highest number of votes, that a second ballet be taken, the names of the two candidates only being used, the one receiving the highest number of votes to be declared elected second vice-president, and the other third vice-president. The first ballot resulted in a tie between Drs. Trent and Moore. The second ballot resulted in the election of Dr. Trent as second vice-president, and Dr. Moore as third vice-president.

The council then listened to Dr. J. N. McCormack, organizer for the American Medical Association, in a talk upon organization. Much advice and many valuable suggestions were offered as pertinent to the difficulties encountered by some of the Councilors as brought out by the reports.

It was moved and carried that a vote of thanks be tendered Dr. McCormack. On motion of the Secretary of the Association the representation in the House of Delegates was made one to every one hundred members in each county society having more than one hundred members, but that every county society be entitled to one delegate.

On motion the Council adjourned, subject to the call of the President.

ALBERT E. BULSON, JR.,
Secretary of the Council.

Allen County Medical Society.

MEETING OF TUESDAY, DECEMBER 22, 1903.—Meeting held at the Anthony Wayne Club, with an attendance of fifty-two physicians from the county and surrounding towns. Dr. Frank Lydston, the well-known genito-urinary surgeon of Chicago, delivered a very interesting talk on "Prostatic Obstruction." Dr. Lydston spoke of the various forms of prostatic obstruction and the methods of operation. He made a plea for early operation as offering better chances for permanent recovery. In any event he thought operation was preferable to a catheter life with all the dangers attending such management of the case through possibility of infection, trauma, etc. That operations are successful is attested by the large number of recoveries at the hands of experienced operators. Failures invariably occur as a result of refusal on the part of the patient to submit to operative procedures except as a last resort. Even then failure to secure results is not due to the operation *per se* but rather to conditions brought on by the hypertrophy and allowed to continue without relief until after a time when the operation can be said to hold out the most hope for relieving the patient. The author referred to an instrument devised by himself which he considered of great practical importance in enabling the operator to bring the hypertrophied prostate forward and in a position to be successfully removed. The entire lecture was well illustrated by blackboard drawings made by the essayist during the course of his remarks. Immediately following Dr. Lydston's lecture the members of the Society and invited guests enjoyed a smoker arranged by the club caterer.

MEETING OF JANUARY 5, 1904.—Society called to order by the president, E. E. Morgan, with thirty-five members and invited guests present. Minutes of last meeting were read and approved.

Dr. Albert E. Bulson, Jr., reported a case of suppuration of the ethmoidal and sphenoidal sinuses. At the time of the examination the patient was suffering from proptosis and an upward deviation of the left eye, oedema and tenderness of the orbital tissues, particularly at the inner canthus, where a distinct tumor-like swelling of the bone could be detected. Conjunctiva intensely injected and vision blurred. Pain located back of the eye and radiating over the frontal and left temporal side was a conspicuous feature. Temperature 102, pulse 130. Examination of the nose disclosed a swollen, soggy condition of the turbinates, and com-

plete closure of the left naris. Under the influence of cocaine and adrenalin pus was discovered trickling over the superior turbinate in the region of the ethmoidal sinus. Upon operation the sinus was found involved as also the sphenoidal sinus which was entered with a curette from a point high in the vault of the naris. One week following the operation the eye had regained its normal position, the swelling and tenderness had entirely disappeared, temperature was normal, and the patient feeling practically well. There was still some slight discharge from the ethmoidal sinus but none from the sphenoidal sinus which seemed to have been invaded last. The report of the case was discussed by Dr. Havice who thought that the case was an interesting one on account of its comparative rarity and the favorable results attending prompt surgical interference. He agreed with Dr. Bulson in the statement that there are probably many more cases of disease of the accessory sinuses than are recognized, and in all probability the majority of cases of polypi of the nose have either originated in diseases of the accessory sinuses, particularly of the ethmoidal sinus, or from carious processes in the region of the sinuses.

Dr. Maurice Rosenthal reported a case of chronic ulcer of the stomach, with stenosis of the pyloric end, upon which he had performed gastro-enterostomy by the Kocher method. In the same case he made an appendectomy and a Bosinni operation for hernia. The time of the three operations combined required only one hour and thirty minutes, and at the time of the report, one week following the operation, the patient was doing nicely and had for two days been taking food by the stomach. Dr. Bulson made the inquiry as to what could be the objection to the elastic ligature, or McGraw method of performing gastro-enterostomy. Dr. Rosenthal answered that in his experience the McGraw method had not been as satisfactory as the method followed by Kocher, and all operators are inclined to follow the methods which give the best results. He had no doubt but that in some hands the McGraw method was very satisfactory.

Dr. E. J. McOscar reported a case in which a ventral fixation had some years ago been done in a woman who is now pregnant. The uterus is firmly fixed as a result of the operation, and the patient is now suffering pain and reflex disturbances from its effects. Dr. McOscar gave it as his opinion that it is wrong to make a ventral fixation in a woman who is liable to become pregnant.

Dr. C. H. English read a paper in which he reported a case of partial dislocation of the outer end of the clavicle in a child, supposed to have been caused by the efforts used to aid in the expulsion of the fœtus. The paper was discussed by Drs. Rosenthal, Greenwalt, Porter and McOscar. There seemed to be some doubt as to the diagnosis, as also the etiology of the condition.

Dr. L. P. Drayer read a paper on "Diabetes Mellitus," in which he gave some of the late views with reference to the etiology, pathology and treatment of the affection. He reported twelve cases occurring in his own practice during one year, ten of which were females and two males. The oldest was sixty-nine years, the youngest four years. This bears out the statement generally made that the disease occurs oftenest in females. He also considered that the disease is on the increase. He particularly called attention to a symptom or later manifestation which had occurred in a number of his cases. This consisted in a marked neuritis in the lower extremities accompanied by an eruption along the course of the nerves, giving much the appearance of Herpes Zoster, which was followed in one case in three weeks and in another in six weeks by convulsions, coma and death. This neuritis was not relieved by any therapeutic measures but suddenly ceased and was immediately followed by convulsions and in a few hours death. He also reported the appearance of gangrene in a few of his cases. As treatment he had but little to recommend. The various authorities recommend diet, each man varying the diet to conform to his ideas, but in none of the cases reported by Dr. Drayer had he been able to see marked benefit from any diet, and several had been tried.

In discussing the paper Dr. Greenwalt called attention to the irritation in the floor of the fourth ventricle as a cause of diabetes, as proven by the experiments of Claude Bernard. He also mentioned the varying views as to diet, and concluded by saying that the most we can do for our patients is to instruct them how to live. Most diabetics dissipate in one way or another in their manner of living. Dr. McCaskey thought that in the treatment of diabetes one of the essential things to do is to keep the acidity of the urine low in order to avoid convulsions and coma. He also mentioned the many experiments and investigations that have been carried on with a view to more carefully determining the etiology and pathology of the disease. Dr. Buchman spoke of the lesions of the pancreas, and obstruction to the flow of the pancreatic secre-

.ion as a cause of the disease, and believes that in such cases, when properly diagnosed, surgical interference is justifiable. Dr. Rosenthal said that in his experience he had found the disease more prevalent among Jews and particularly more frequent among females. In his cases regulation of the diet had shown its results, and whenever patients doing well on a diet had disobeyed instructions, the evil consequences had invariably been manifested. Dr. B. Van Sweringen thought that diabetes frequently followed as a sequellae of many other diseased conditions. He had had cases follow rheumatism and inflammatory conditions of the lungs. Dr. Miles F. Porter said he thought diabetes should be classed with dropsy and some other manifestations which can only be considered as symptoms. He quite agreed with the opinion that when the disease can be traced to a pancreatic origin (obstruction to the secretion,) the case is essentially surgical. Dr. B. W. Rhamey said he thought the amount of diacetic acid in urine was always an index of impending danger. Dr. A. E. Bulson, Jr., mentioned the fact that a Bright's disease may follow a diabetes, and reported a case in which a diagnosis of albumenuric retinitis was made from the ophthalmoscopic findings and subsequently confirmed by finding albumen and casts in the urine. He placed the patient on a diet which was later supposed to have hastened the appearance of gangrene, and was then informed by a physician who had previously attended the case that the patient had been a diabetic for years. In answer to Dr. Havice's question he stated that eye lesions in diabetes were of comparative rarity, though a diabetic retinitis was recognized as an occasional symptom or manifestation of diabetes. Following the discussion of the paper a motion was made to refer the paper to the State Society.

The reports of the Secretary and Treasurer for the year 1903 were, on motion, referred to the auditing committee. On motion the Treasurer was ordered to pay all unpaid bills of the Society for 1903.

J. C. WALLACE,
Secretary.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Gastric Ulcer.

Griffiths, in *British Medical Journal*, London, treats all his cases of gastric peptic ulcer by putting the stomach absolutely at rest and abundant rectal feeding. The patient is put to bed for at least twelve days, the bowels cleaned out by enemata and rectal feeding commenced almost immediately. Nutrient enemata at a temperature of 97 to 100 are given every four hours and in the intervals during enemata given according to the needs. He does not allow the patient to take any liquid by the mouth, and the stomach should be kept absolutely quiet. He specially mentions the condition of the tongue and the smell of the breath as valuable guides to the efflciency and sufficiency of the rectal feeding. When it is sufficient the tongue is moist and healthy, and the breath is sweet, while that of a starved patient has a peculiar offensive smell, which is hard to describe; perhaps the closest to it is the drunkard's breath. Moreover the patient is comfortable when sufficiently fed. When the rectum is intolerant of an artificial enema, which really occurs, he would give a few minims of laudanum, five to ten minims, two or three times in twenty-four hours. Feeding by the mouth is very carefully begun on the eleventh day.

Rolleston follows much the same lines, forbidding all water or any food by the mouth and relies on rectal injections entirely. As regards medicinal treatment he would try potassium iodid in chronic gastric ulcer in adult males, as there is a possibility of a specific character. The importance of local treatment of the mouth can not be overestimated. Carefully washing out the stomach with mild antiseptic solution of water or the running in of a large amount of bismuth are sometimes usefully employed. Of course the symtomatic treatment of the patient is sometimes required. Parotitis, which is a complication occasionally seen in gastric ulcer with rectal feeding, rarely requires operation. Apart from perforation the only acute complication which requires operation in gastric ulcer is repeated hemorrhage, which does not

yield to medical treatment and endangers life. He speaks of the importance of oral sepsis in producing vomiting. He has seen striking benefit from counter irritation by blisters to the epigastrium. In chronic gastric ulcer operation is justified when there is constant pain not relieved and when there is intermittent or permanent pyloric obstruction and lastly when hematemesis recurs in spite of the medical treatment.—*Journal of the American Medical Association.*

Pathology of The Acute Psychoses.

H. Berger (*Berliner Klinische Wochenschrift*, July 27, 1903).

This is still one of the unsolved problems of psychiatry, and none of the numerous theories advanced have stood the test of experimental trials. The view that has lately met with the most support is that these phenomena depend on delicate chemical changes in the cortical cells, which occur without the production of any morphological alterations in the cells themselves. In this way the theory of a circulating toxin in the blood has gradually gained credence. Experimental proof of this theory has been sought by the author, who made the first trial upon himself. He injected, at intervals, serum, blood and cerebrospinal fluid from a patient suffering from acute dementia with hallucinations, without the least effect. This seems to show that the toxin, if present, must already be firmly united with the cerebral cells before the acute symptoms appear. In the belief that the toxin may have been found during the predromal stage, the author also injected subcutaneously blood from a patient who was developing symptoms during her puerperium, which later turned out to be a precox. No effect was seen, but blood taken from the same patient four weeks later, during a fresh attack, and injected, was shortly followed by vertigo, and later by cardiac palpitation, cerebral pressure, and a marked feeling of fear. All these symptoms subsided on the following day. A similar experiment with the blood taken from a more advanced case in a condition of stupor at the time, was also followed by results which were more marked and severe and did not subside for a week. The experiments were then continued on animals, and a basis secured for investigation in regard to the changes which specific toxins contained in the circulating blood may cause in the central nervous system. The details are not suitable for a brief abstract. They consist mainly of observations made with the serum secured from

the goat, which had been made neurotoxic for dogs by the continued subcutaneous injection of trituated cerebrum from the brains of dogs. Intracerebral injections of this goat serum in dogs was followed by well marked pathological changes in the pyramidal cells of the cerebral cortex and later on a large aggregation of leucocytes around these degenerated cells. Similar pathological conditions have been found in patients afflicted with acute psychoses, and also in other cerebral diseases, but the author is not as yet prepared to draw final conclusions until further proof has been secured.—*The Journal of Nervous and Mental Diseases.*

Contribution to the Surgery of Cerebral Tumors.

Woolsey, in *American Journal of Medical Sciences* for December, gives an interesting study of 101 cases diagnosis and operated. He says: The results vary from a nearly complete cure to the relief of the distressing pressure symptoms, and in a few cases no improvement whatever has been noticed (6 out of 101).

Absolute cure or restitution in integrum is rarely, if ever, to be expected on account of the necessary damage to the brain substance by the tumor and the operation of enucleating it; still in 16 out of 101 cases (including my last case), the symptomatic result was so good as to be considered a cure, and in forty-one cases the result has been improvement, often so marked as to be nearly a cure.

In spite, then, of the small percentage of operable cases, the difficulties of diagnosis, the uncertainty of prognosis, the fairly high mortality, the liability of recurrence, and the difficulties of operation; and in view of the results obtained and the fact that even benign cerebral tumors are necessarily fatal, I think that the radical operation is justifiable and indicated in selected cases, and the palliative operation in another group of cases of cerebral tumors.

I would like to emphasize the following conclusions:

1. The sphere of operation for cerebral tumors may be and has been extended to those parts of the cortex where tumors are accessible and localizable—*i. e.* to the prefrontal, parietal, and occipital regions, in addition to the motor area.

2. The prognosis, both immediate and remote, is as good as or even better than in operations for malignant growths in some other locations.

3. This prognosis has improved with the improvements in localization and operative technique, and with the limitation of the radical operation to cases accurately localized.

4. The palliative operation is strongly indicated to relieve symptoms where localization cannot be accurately made or the tumor cannot be removed. The exploratory operation is contra-indicated.

5. Practically all circumscribed growths of moderate size are suitable for operation.

6. The osteoplastic method should be employed and the most rapid and perfect technique adopted which the circumstances allow.

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Goodell's Rule in Diagnosis of Pregnancy.

In diagnosing pregnancy Goodell's rule is a good one to remember—"Cervix hard as your nose, no pregnancy; cervix soft as your lips, pregnancy exists."—*Medical Summary.*

Sterility and X-Rays.

Albers Schönberg has proven by experiments on animals (abstract in *Journal of the American Medical Association*) that the X-Rays will produce sterility. The result is due to the production of azoöspermia. He produced this effect in 5 rabbits and 6 guinea pigs by exposures of from 377 to 518 minutes.

X-Ray in Cancer.

Breaky (*Journal Michigan State Medical Society*, November) advises the use of the curette followed by chemical cauterization preceding the employment of the x-ray in the treatment of malignant disease. The exposures are begun after separation of the slough. Occassionally it is well to repeat the curetting and cauterization.

Thyroids in Mammary Inactivity.

Barnes (*Medical News*, October 10, 1903,) in an article on advances on therapeutics in pediatric practice, relates several cases in which the administration of thyroid extract before confinement and during lactation resulted in an abundant milk secretion in woman who following previous confinements had been unable to nurse their offspring.—*Buffalo Medical Journal*, November, 1903.

Foreign Bodies Swallowed.

Whenever a foreign body has been swallowed and it can not be recovered by emesis (especially when it is a sharp thing, like an open safety pin), it is unwise to give purgatives. Better far to give a little opium with constipating food; potatoes, cheese, boiled eggs, etc., in the hope that the missing article may become imbedded in a mass and passed off without injury to the mucous membrane.—*American Journal of Surgery and Gynecology.*

(Cut out the attempt to recover the foreign body by emesis and the above treatment is good.)—ED.

Splenectomy in Banti's Disease.

Dr. Charles G. Levison, of San Francisco, reports in detail (*Annals of Surgery*, November, 1903) a suscessful case of splenectomy for Banti's disease. This with Warren's (one case) and Harris' (two cases) makes four successful cases thus far reported.

Levison concludes that the prognosis in Banti's disease is favorable if the spleen is removed early. The gravity of the operation increases with the size of the spleen. It is of particular interest to note that Levison's patient had a thrombosis of the right innominate, subclavian and internal jugular veins.

511174

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

An Attempt to Obtain a Uniformly Active, Sterile, and Non-Irritating Preparation of Digitalis for Subcutaneous Internal Administration.

A valuable paper has been contributed by Houghton to *Medicine* for August, 1903, on this subject. The profession has long needed an active and reliable preparation of digitalis for hypodermic use. Houghton seems to have found how to prepare such a product, and since the results obtained at the bedside and in the laboratory agree completely, this preparation of digitalis, to which the author has given the name of "digitalone," on account of its composition, can be used for either subcutaneous or oral administration, the proper dosage being 5 to 15 minims subcutaneously, and 10 to 30 internally.

The following advantages may be claimed for this preparation of digitalis: It is of uniform strength; it does not produce pain or irritation at the point of injection; it is readily absorbed and produces typical digitalis action when given per rectum, internally, hypodermically, or intravenously; it is aseptic and remains aseptic if the container is kept stopped; it is convenient and ready for immediate use, either internally or hypodermically, without dilution.—*Therapeutic Gazette.*

Treatment of Gastric Ulcer.

In a discussion on this subject at the late meeting of the British Medical Association (*British Medical Journal*, October 24, 1903) H. D. Rolleston, M. D., F. R. C. P., spoke upon the general treatment of the condition as follows:

In the acute stage of an ordinary clinical case of gastric ulcer, in a young woman, with localized tenderness, vomiting, pain, etc., the principle of absolute physiological rest, though universally accepted, is not so consistently carried out. While most medical men cut off all food by the mouth, some allow sips of water, hot or cold, or ice by the mouth to relieve thirst. In this way not only is healing delayed, but a gastric ulcer may

be so disturbed that severe hæmorrhage is induced. I have seen hæmatemesis set up when water was first allowed by the mouth five days after a previous hæmatemesis, and when deep tenderness had disappeared. My own practice is to forbid any water by the mouth, and to rely on rectal injections of from 10 oz. to 20 oz. of water, given slowly four or more times a day. Thirst is not, as a rule, relieved so well by rectal injections of water as by fluid given by the mouth. The thirst, restlessness, and attendant discomfort may at the outset of treatment be temporarily relieved by a hypodermic injection of morphine, but it is not advisable to repeat this often, as the habit may thus be started. The mouth should be kept as clean as possible by a mouth wash, such as listerine. Even though patients are not given fluid of any kind by the mouth they still swallow their saliva, and when, as not uncommonly happens, there is pyorrhœa alveolaris, infection and irritation of the stomach are kept up, and may account for vomiting. The risk of infection of the stomach from the mouth is probably diminished by the use of a mouth wash. Thirst is often very trying, and patients suffer from dryness of the mouth and tongue, though this may be relieved by washing out the mouth with water. Occasionally—sometimes it would appear almost in small epidemics—patients with gastric ulcer develop parotitis on rectal feeding. It has occurred to me as possible that patients with dry mouths are specially susceptible to the infection of ordinary parotitis. Dr. B. N. Tebbs has found that parotitis is more frequently a sequel of gastric ulcer than of other abdominal diseases, that the patients affected were all on nutrient enemeta, and that the routine use of antiseptic mouth washes does not protect against the incidence of parotitis.

The proteids of nutrient enemata should, of course, always be peptonized, and the enemata should contain eggs and a sufficiency of salt, in addition to the ordinary constituents, such as milk, beeftea, and sugar, and may be given every four or six hours. The irritability of the rectum should be guarded against by washing out the bowel daily with boracic solution, or with a dilute solution of perchloride of mercury, 1 in 10,000, or, in addition, by the occasional introduction or morphine suppositories into the rectum.—*Medical Review of Reviews.*

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Sub-Conjunctival Injections.

In a paper upon this subject, presented before the American Ophthalmological Society, Dr. Charles Steadman Bull concludes by saying:

"A careful observation of my own cases, in which various solutions were employed, has not been able to convince me that sub-conjunctival injections bring about any more rapid or favorable results than other methods of treatment which we have hitherto employed for affections of the cornea, uveal tract, or retina. In several cases of orbital cellulitis of an infectious character, however, I found that sub-conjunctival injections of a sublimate (1 : 1,000) did exert a very favorable and unusually rapid effect in hastening the suppurative stage, in reducing the dense infiltration of the orbital cellular tissue, and thus aiding in restoring the circulation to the strangulated parts. My own conclusions, based on observation of my own cases and a careful study of the literature of the subject, are that all reports of the beneficial effects of sub-conjunctival injections should be carefully criticised and compared with the results obtained by other methods of treatment, before accepting them as of any real value."—*The Ophthalmoscope.*

The Surgical Treatment of Chronic Bright's Disease from an Ophthalmic Standpoint.

In a paper upon this subject presented before the Chicago Medical Society, Dr. George F. Suker, after analyzing statistics, makes the following points: 1, As at least 25 per cent. of all grades and varieties have retinal or other fundus complications; 2, usually of the degenerative inflammatory type, and 3, as the cardiovascular system is or shortly will be seriously involved; 4, perhaps undetected; and 5, proof of a general systemic circulating toxin; and 6, as the death rate under medical treatment (hospital and private practice) is about 75 per cent. for the first year, and at

least 85 per cent. for the second year, scarcely any surviving four years, and practically 100 per cent. when operated on; and 8, as the medical treatment offers as good, if not far better results; therefore, decapsulation of the kidney for chronic Bright's disease is absolutely contra-indicated when a retinitis or a neuro-retinitis albuminurica exists, with or without retinal hemorrhages.—*Journal of the American Medical Association.*

Is Double Operation for Senile Cataracts Justifiable?

Dr. Howard F. Jansell, of Philadelphia, in the December *Ophthalmic Record* says: "I believe the double operation is justifiable under the following conditions: That the vision of each eye is so diminished that the patient is debarred from his usual occupation and is consequently unable to earn a living; that both cataracts are ripe enough to warrant extraction, or, in other words, that either lens might be operated on with equally good chances of a favorable result; that nothing in the patient's mental or physical state might militate against recovery; that the cataracts are not secondary to local or general disease; that the extraction of the first lens was accomplished without accident or indications of complications should operation on the second eye be attempted.

The value of the procedure is undoubtedly great in carefully selected cases. Its advantages are that the patient is subjected to one operation instead of two, his recovery occupies ten days instead of twenty, he has binocular vision and the correction of the refraction is simplified. I think the danger of subsequent inflammation is not intensified and that of sympathetic ophthalmitis is lessened. Recovery is not prolonged. The after treatment of both eyes does not essentially differ from that of one eye. The pain is no greater in the double than in the single operation and the process of healing of the wound of the one eye is not, as far as I can judge, at all hindered by operation on the other eye. The surgical shock is hardly worth considering. The real suffering consists in the apprehension and nervousness preceding and the confinement to bed following operation—practically the same whether both eyes or only one is involved. The awful calamity of failure of both operations is no greater because the operations were performed at one sitting than if one failure had preceded the other.

BOOK REVIEWS

The Practical Medicine Series of Year Books; comprising ten volumes of the year's progress in medicine and surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-graduate Medical School. Volume X. Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by W. L. Baum, M. D., Hugh T. Patrick, M. D. September, 1903. Chicago. The Year Book Publishers. 40 Dearborn Street.

This volume contains a resume of progress in skin and venereal diseases by Dr. Baum, nervous and mental diseases by Dr. Patrick with the collaboration of Dr. Mix. The volume is fully up to the standard of its predecessors and is cordially recommended to those desiring a rapid review of medical progress.

The volumes are of convenient size while including the subject matter selected with special reference to the needs of the general practitioner. G. W. McC.

Diseases of the Eye.—For students and general practitioners. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons; Medical Department; Columbia University, New York; 1890-1903; Ophthalmic Surgeon to the French Hospital, New York; Consulting Ophthalmologist to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon, to Mt. Sinai Hospital, New York; etc. Third edition, revised; with 275 original illustrations including 16 plates, with 36 colored Figures; New York; William Wood and Company.

The fact that this book is in its third edition, and that the second edition was not only exhausted in three weeks but required two reprints of it, is quite sufficient endorsement. While several manuals of the diseases of the eye have been written by prominent authorities, all having more or less merit, yet, as we had occasion to say when reviewing the first edition of this work, the author has given us one of the very best, concise, practical and systematic manuals of the diseases of the eye that has ever come from press. As has been well said by the author it is very difficult in preparing a book of this sort to say enough but not too much. Fortunately the author as a teacher and clinician of wide experience has been able to incorporate in his work all of the information necessary to make it sufficiently comprehensive, up to date and yet of limited size. Excessive detail, extensive discussion, and lengthy accounts of theories and rare conditions have been purposely omitted, the author having in mind the idea that the book is intended for students and general practitioners and should contain only that which is essential in giving the general practitioner and students a clear and

concise description of the diseases which they are most frequently called upon to treat. The last edition has been very carefully reviewed by the author and such alterations and additions made as the progress in this specialty of medicine seems to warrant. The illustrations are original and very numerous, the colored plates being excellent. The size of the book will appeal to those for whom the work is intended. We have no hesitation in unreservedly recommending it.

A. E. B., Jr.

Non-Surgical Treatise on Diseases of the Prostate Glands and Adnexa. By George Whitfield Arerall, A. B., M. D. Formerly Professor of Physiology in the Memphis Hospital Medical College. Chicago. Marsh Grant Company.

In his introduction the author asserts that electricity is harmless in the hands of competent operators and further on says that "damage once done to the prostrate by the knife is irreparable.

On page 19 occurs the following: "Just as mental disturbances influence sexual conditions so in like manner do diseases of the prostate gland cause various forms of mental disorders as inactivity, depression and numerous other nematic aberrations."

Speaking of sub-acute or chronic prostatis the author says: "Congestion of the pampiniform and hemorrhoidal plexuses of veins almost invariably result: the former causing varicocele, especially on the left side, while the latter gives rise to a swollen condition of the rectal mucous membrane resulting in protrusion, ulceration or the formation of pile tumors. These conditions are sequels to prostatic inflammation and not idiopathic diseases."

The foregoing quotations with others which might be cited leads one to believe that the author is something of an extremist, some of whose statements should be taken with a grain of salt.

However, the book contains much that is good and will well repay one for the reading of it.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV FEBRUARY 1904 No. 2

EDITORIALS

The Fort Wayne Water Supply.

We regret that there is again opportunity for criticism of the city authorities for their manner of handling such a vital question as the procuring of an adequate supply of pure water. Quite recently the city bacteriologist has announced that he has discovered typhoid bacilli in the water supply, and upon investigation has definitely determined that the infection comes through a connection made with the pipes of the Pennsylvania Railroad Company which have their in-take in the polluted Saint Mary's river. It is reported that when the river is low or for any other reason the Pennsylvania Railroad Company is unable to obtain from the river a sufficient supply for use in the shops and locomotives, the city mains are drawn upon to make up the deficiency, the city pipes being connected with the railroad company pipes, a valve being used to disconnect the supply from the city mains when the railroad company is able to secure a sufficient quantity of water

from the river. Through carelessness the valve has been left open and as a result the increased pressure of the railroad company pumping station has forced the river water into the mains of the city, leading to what has been pronounced an epidemic of typhoid fever among people drinking the polluted water. It is unfortunate that the whole matter has been given political coloring, and that the facts connected with the unfortunate results have been grossly magnified. While we question the soundness of the argument that all of the typhoid cases in the city of Fort Wayne have resulted from drinking the city water, and even believe that there is little probability of very extensive infection of the city water as a result of the so-called carelessness of the Board of Waterworks Trustees in leaving the valve open which connects the city mains with those of the railroad company, yet we cannot help feeling that the unusual agitation created by the newspapers and politicians will in the end result in some good if it arouses the people to a sense of the necessity for procuring not only an ample supply of water, but one that is reasonably pure. We are not excusing the present waterworks board for their carelessness in leaving the valve open, even if they really felt that the pressure from the railroad mains was not greater than the pressure in the city mains. Yet we desire to say that the present waterworks board is so far ahead of any of the boards that have held office during the last ten years, that comparisons are odious. We have had occasion heretofore to condemn waterworks boards who, with an absolute disregard of even common honesty (let alone regard for the health of the city), have claimed that the city was obtaining a pure water supply when they knew that the polluted feeder canal was being used as a part of the source of supply. The present Board of Waterworks Trustees were pledged before election to give the people of Fort Wayne an ample supply of pure water if it could be obtained. We are in possession of facts which warrant us in saying that since their election not one gallon of water from other than a rock or gravel well (and very little of the latter) has been pumped into the city mains. They have also flushed pipes that have not been flushed for twenty-five years, and done away with "blind ends" which no sensible individual would consider anything else but a menace to the health of the community. In addition to this they have in the face of many obstacles made an honest effort to increase not only the supply, but the facilities for

furnishing it to the people. The record has not been approached by any boards heretofore holding office within recent years, and the present board should be given credit for their honest desires and intentions to serve the people as they should. That it was a piece of carelessness on their part that an avenue for infection of the city water should exist and continue to exist uncorrected is unquestionably true. But such carelessness is nothing compared to the carelessness and total incompetency exhibited by many previous boards. The very fact that the subject has assumed a political aspect is perhaps an advantage to the people, for it may lead to a more thorough scrutiny of the acts of waterworks boards, and public denunciation of those acts which are known to be detrimental to the interests of the people. And while the subject is uppermost in the minds of the people, would it not be well for the city to be looking toward an entirely new water supply, which is now necessary and will be all the more so during the next few years? We are told by those in authority that no more water can be obtained from additional rock wells, as the field is practically exhausted. During the hot summer months the supply is already so limited that the people are advised to economize in the use of the water. With our increased population the subject becomes of more importance each year, and we must eventually come to the conclusion that the city of Fort Wayne is altogether too large to be longer adequately supplied with water from wells. Our only alternative is to pipe our water from some of the northern lakes or from some other inexhaustible supply, the water being properly filtered before passing into the pipes if it is not already reasonably free from infection. For the last twelve or fifteen years the people of the city of Fort Wayne have either had an inadequate supply of pure water during the summer months, or if the supply has been adequate it has been at the expense of purity through contamination from the feeder canal, which has regularly been drawn upon to make up the deficiency. While the present Board of Waterworks Trustees has by intelligent action been able so far to furnish an adequate supply of water, yet the time is not far distant when they or no one else can with our present facilities supply the city with a sufficient quantity of water that can be said to be free from contamination. Why then must we continue to jeopardize our interests by holding fast to methods of procuring our water supply which we have outgrown? Why should we

not go to the trouble and expense of procuring a water supply sufficient in quantity and quality for all time? It must be done within a very few years, and ought to be done now when we are realizing the necessity for an increased supply. And above everything else, let us take the question of the water supply out of politics. The people should not be asked to consider whether a man is a republican, democrat, or prohibitionist in deciding as to his fitness for the responsibility attached to the position of waterworks trustee. Those who have control of a commodity of such vital importance to the health of the community should not be questioned as to their political or religious tendencies, but should be selected for their honesty and their competency. Such men will be faithful in the performance of duty and in the end the people will appreciate the service. The city of Fort Wayne will never settle the question of a pure and adequate water supply until an effort is made to secure water from some other source than wells, and until an honest and competent Board of Waterworks Trustees is empowered to go to any reasonable expense in accomplishing the desired result. A. E. B.

It is to be regretted that a question of such vital importance to every member of this community can not be divested of politics and political methods. It is above politics. Its importance is as great as would be the question of pure air were we having that useful commodity dispensed to us by our municipality. Pure, healthful water is an absolute necessity to every community and only men who appreciate the subject in all of its bearings should be placed in control of the supply.

The Fort Wayne water supply is thought by the city health commissioner to be the source of infection in a number of cases of typhoid fever, estimated to be between 60 and 100. This official claims to have discovered the bacillus typhosus in water taken from city taps. The contamination is said to have occurrred through an open valve connecting the city mains with those of the Pennsylvania Railroad Company, the latter containing water pumped from St. Mary's river. The employes of the Pennsylvania Company shops almost to a man have been using the water daily without contracting any unusual sickness. It would seem to need no bacteriologist to tell the thinking public that there is

not now nor has there been any typhoid bacilli in the mains of the Pennsylvania Company or in those of the city. If there had been there would have been a very large number of cases of typhoid fever appearing close together, and the larger part of them would have been among employes of the railroad company who use the water undiluted daily. The water is undoubtedly contaminated by the colon bacillus, and contains a large amount of organic matter, but that it has been the source of the typhoid fever cases now in the city seems impossible of belief under the circumstances.

If the present agitation shall prevent future contamination of our water supply by surface water from any source, it will have accomplished great good and some of us may owe our lives to the fact that virulent typhoid bacilli haunted our gates but failed to gain entrance owing to the care exercised in keeping our water supply above reproach, this watchfulness being the result of the political tempest fomented by the newspapers and politicians.

B. Van S.

Medical Treatment of Appendicitis.

J. Burnet (*London Lancet*) in the course of a paper on the treatment of appendicitis, says:

"When are we in duty bound to call on a surgeon? It is impossible to be dogmatic. For his own part, he thinks a surgeon should only be called in, when, in spite of the careful carrying out of medical treatment, the patient's condition is evidently becoming worse. In dealing with appendicitis, one is apt to expect too much in the way of improvement from day to day. During the satisfactory progress of many of these cases, the improvement is sometimes hardly perceptible, but if it is observed after careful estimation of every factor involved, one is warranted in persevering with medical treatment rather than in summoning a surgeon. He has no hesitation in saying that many cases of appendicitis are operated on that would have made a good and even speedy recovery under medical treatment pure and simple."

What would be thought of a general practitioner who would refuse to call in an oculist in a case of corneal ulcer until perforation had occurred? Is not the patient entitled to the best treat-

ment available? And is it not the sacred duty of the physician in charge to see that his patient gets such treatment?

When expert surgical skill is available the general practitioner of medicine has no more right to assume entire control of a case of appendicitis than would a surgeon have under parallel circumstances to assume the entire control of an intricate medical case.

It is a generally accepted fact that a prognosis given early in a case of appendicitis left without surgical treatment is little more than a guess.

There are absolutely no signs known that will enable one to fortell in a given case whether suppuration, perforation, gangrene or resolution will occur. Again the author says:

"Surgeons urge that there is less risk in operating while the patient's strength has not yet been exhausted than in letting the disease run its course. This is to a certain extent true, but one can do a great deal to carry the patient through his illness, and to prevent complications setting in by careful attention and intelligent medical supervision."

Is it only to a "certain extent" true that "there is less risk in operating while the patient's strength has not yet been exhausted?" Has anything ever been more conclusively proven?

What can be done in a medical way that will certainly prevent "complications?" It behooves those who think that medical treatment and supervision can prevent complications in appendicitis to prove their position. Speaking of the treatment during convalescence, the author says:

"When the temperature and pulse have remained normal for about a week, the patient may be gently lifted onto a couch for a few hours each day. At the end of a month or six weeks, he should be sent to some bracing but quiet country place. During this period the greatest care in dieting is necessary, as is also the avoidance of constipation. Nothing that is in the least likely to upset the digestive organs should be taken, and the bowels must be made to act once a day. The convalescent should be warmly clad, woolen underclothing being most essential. He must be careful to guard against chills, and he should always be indoors before sunset."

What percentage of appendicitis cases could afford, or, being able, would elect to afford so great an expenditure of time and money as such a line of treatment necessitates? Granting ample

means, how many would be found foolish enough thus to squander time and money in pursuing a treatment which, at the best, results in a mortality of at least five per cent., if they were made acquainted with the fact that timely surgical intervention in skilled hands results in a mortality of one per cent. or less, an invalidism of three weeks or less, and gives absolute security against further attacks? M. F. P.

"Signed Editorials."

Under this heading the *Chicago Clinic* upholds the general idea of the "signed editorial" as advocated by Dr. Crothers at the New Orleans meeting of the American Medical Association, but deprecates his contention that the medical journals in their editorial pages should neither advocate nor combat debatable positions, but simply serve as inanimate mirrors of professional opinion. We thoroughly endorse what our Chicago contemporary says concerning the matter.—*N. Y. and Phila. Med. Jour.*

(We too! We believe that editorials should be signed, but can see no good reason why an editorial writer should be deprived of his right to express himself.—M. F. P.)

Union in New York at Last.

American Medicine, Jan. 30, says, just as they were going to press they received a telegram from Dr. McCormack, at Albany, saying that union of the two Medical Societies in New York was at last accomplished. All physicians with the good of the profession at heart will rejoice at this news.

And did they but know what possibilities for good to them lay in this union, the people of this country would be no less thankful than are we of the medical profession.

Now it becomes the duty of every reputable physician in this country to join the A. M. A. and help to make that body the mighty power for good which its founders intended it to be. As the champion of truth, the implacable foe of quackery, humbug and commercialism, the American Medical Association has before it today a future bright with promise—promise of more abundant happiness, greater usefulness and increased longevity to the people of this nation and the world. M. F. P.

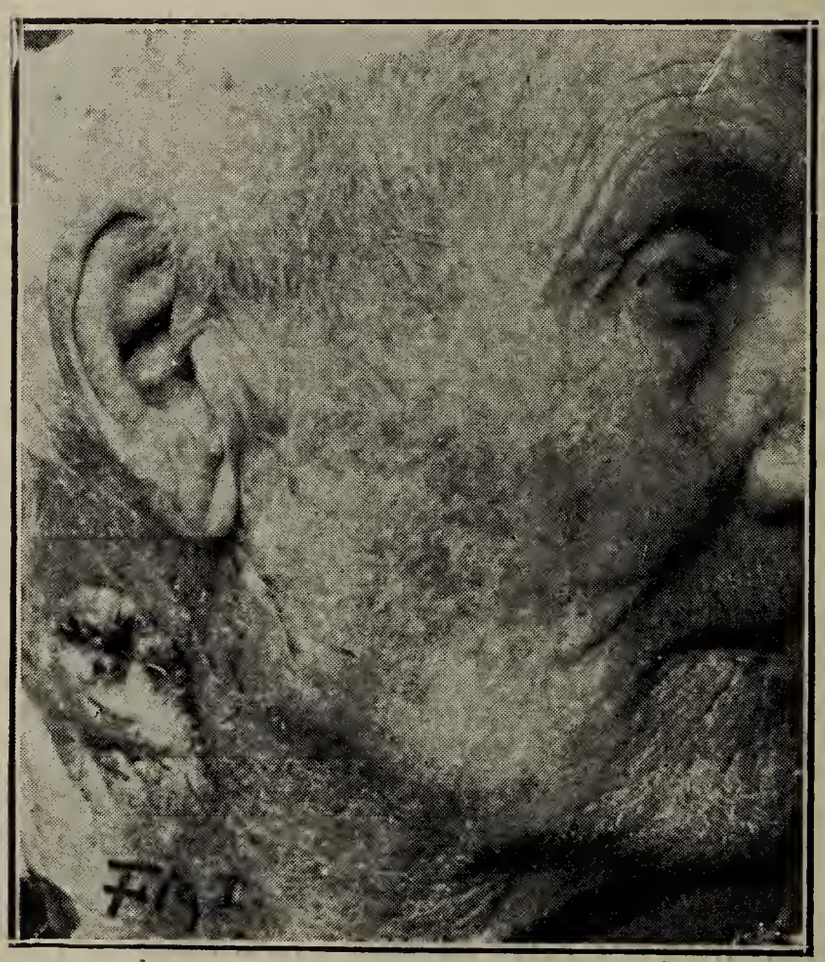
ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

Notes on X-Ray Treatment with Special Reference to Scirrhous Cancer of the Breast.

BY
N. L. DEMING, M. D.,
Fort Wayne, Ind.

It is not surprising that the operation of X-rays in the treatment of disease is productive of varying results, when one considers the variety of instruments or mechanisms used in generating



this agent and the consequent relative activities of the light obtained; the many individuals employing it for therapeutic purposes and their diverse methods of treatment; that lesions are treated which differ widely in cell structure and anatomical relations; that individual patients invariably present at times qualifying conditions and idiosyncrasies, and that this method of treatment is, as yet, in its infancy. In view of the foregoing facts and

for the better understanding of the following cases, which are offered as types illustrative of certain lines of treatment, I wish to state that an induction coil generating a long thin spark twenty inches in length was employed in contra-distinction to those coils yielding a short and thick spark:

Case 1.—Examination first made October 10th, 1902. A tumor was located as seen in Figure 1. This lesion was raised one-half inch above the level of the skin, hard, painful on palpitation, having a deeply infiltrated base and presenting a crater-like ulceration extending fully one inch in depth. The superficial cervical glands were enlarged, the external ear on the same side



being chondrified with the exception of the lobule. The lesion had persisted for two years, had been treated with caustics and the various methods sometimes employed in such cases, but had steadily grown worse. Patient was in poor general condition, 75 years of age. Twenty-four X-ray treatments were given, averaging three a week for two months. At the expiration of this time the tumor had entirely disappeared, leaving a linear scar one-half inch in length. The glandular enlargement could not longer be demonstrated and the general condition was greatly improved. (See Figure 2.) I wish to mention the tolerance manifested for X-rays in this case. After the first five treatments it was found practicable to use the tube within one-half inch of the diseased tissue for periods ranging from five to eight minutes. Dermatitis

was at no time manifest. It is now over a year since treatment was discontinued and the patient has suffered no recurrence. The tube used in this case was very hard. In similar cases, where the patient is of advanced age, I have almost invariably noticed that the tolerance for X-rays is marked.

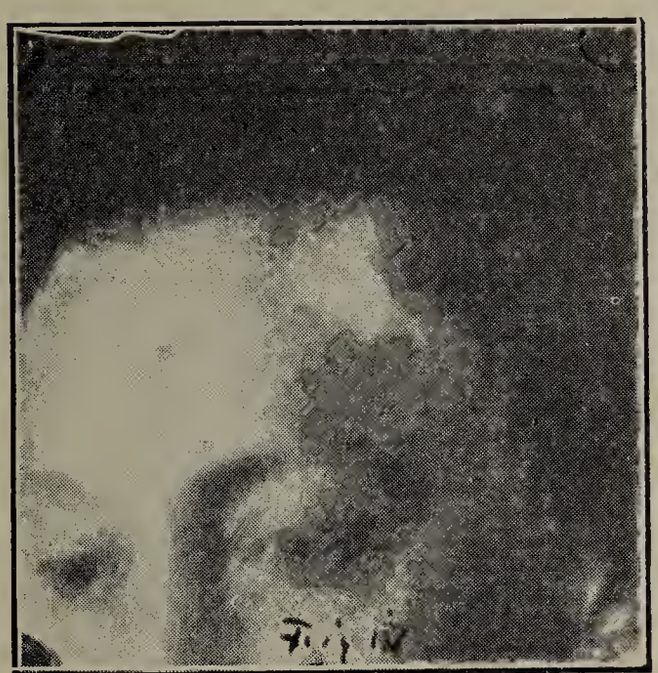
Case 2.—Mrs. V. S., aged 40, married, Germany; family and personal history negative. For the past ten years patient has complained of ulcerating areas about the left temple, involving the scalp in this region. At times treatment with caustics had been partially successful, but the lesions thus treated had relapsed. The



patient was referred to me by Dr. Crull, of Fort Wayne. On examination typical nodules, and ulcerations averaging one inch in diameter, were found in the region, as seen in Figure 3. A diagnosis of lupus vulgaris was made and treatment begun on February 17th, 1903. The patient was rayed three times a week for six weeks, the exposures lasting five minutes. Towards the end of treatment the lesions cleared up rapidly, the nodules entirely disappeared, and today, ten months after treatment, the case shows no recurrence and she says she is perfectly well. (See Figure 4.) The tube in this case was moderately hard, two and one-half to

three inches distant from the skin. Dermatitis did not appear at any time during or after treatment.

Case 3.—On January 6th, 1903, Mrs. G., age 48, multipara, U. S., consulted me. A slowly growing tumor of right breast presented, which first was noticed a year before. On examination the neoplasm was found firmly attached to the underlying tissue and adherent to the skin; diameter, about two and one-half inches. Axillary glands were enlarged, one of these approximating the size of a pigeon's egg. The patient complained of much pain on palpitation over all areas involved. She also complained of radiating pain, particularly at night. Family and personal history negative; patient in excellent general condition. A diagnosis of



scirrhous cancer was made and patient rayed from January 6th to May 29th, receiving in this time forty-one treatments. On September 23rd the axillary glands could not be felt, with the exception of what appeared to be a small amount of scar tissue at the previous location of the largest of these. The tumor of the breast had entirely disappeared, with the exception of a small area one-half inch in diameter, located at the central point of what had previously constituted the neoplasm. She still complained of slight pain on palpitation at this point. From September 23rd to October 27th she received nine treatments. At the present writing, December 10th, pain has been absent four weeks, no tumor could be felt, except the breast shows a deep dimpling in of the tissue which was previously affected, giving every evidence

of the formation of subcutaneous scar tissue. (Photographs illustrating the condition before and after treatment were submitted too late to be used in this article.—Editor.) It was found difficult to avoid dermatitis in this case, and several times during the period of treatment a week or ten days' rest was necessary. A hard tube was always used, placed three to three and one-half inches from the skin. Exposures lasted from five to seven minutes. The tumor during treatment never showed the softening which is seen in cases where more energetic treatment is given, but, on the contrary, slowly disappeared with no toxic effect on the patient. Her weight and general health remained the same. In similar cases, markedly in middle-aged people, I have obtained far better results when the treatments were given through a period of several months. Cases sometimes seem to warrant energetic treatment, but I consider it dangerous. Burns are prone to develop with little warning; rapid absorption often occurs, with subsequent toxæmia, and waxy changes, particularly in the kidneys, are to be feared as remote affects. In many cases, on the other hand, inefficient raying is only productive of harm if cell growth is not stimulated, as I believe to be a fact from observation of several cases thus treated, that functional activity of the skin is, without doubt, greatly impaired, leaving an area where more energetic raying is made most difficult.

Case 4 illustrates this point. Mrs. D. was for four months previous to my seeing her treated three times a week, with no improvement. As definitely as she could judge, the tube had been used eight to ten inches distant from the skin. The case was markedly advanced, absolutely inoperable, and an unfavorable prognosis was made. The skin presented an unhealthy appearance and early showed inflammatory effects of treatment. This in itself was unusual, for she was of advanced age, 72, and these cases are usually more tolerant even in breast lesions than those of middle-aged persons. From the time she began treatment on January 1st, thirteen exposures were given until the 29th, fourteen in February, eight in March and six in April. During the whole of this period the skin showed remarkably low resisting power, and at the time when treatment was discontinued she began to complain of burning sensations about one inch above the nipple and to the left of the mammary line. A burn developed later at this point, which had a diameter of two inches. Coincident with

the establishment of this lesion, the underlying cancerous tissue began to slough, small portions at a time, and a line of demarkation developed which sharply defined the necrosis, which apparently only existed in the neoplasm. This gradual sloughing process continued for two months, at the end of which time I referred the case to another physician for a continuation of the daily dressings. He now tells me that with the disappearance of the diseased tissue healthy granulations began to appear in the cavity left, the patient became septic, lost in weight, and general condition was very poor. She was, however, able to call at the doctor's office for dressings. Early in October, during such a visit (the cavity by this time being almost entirely filled), a severe hemorrhage occurred from one of the mammary vessels, at the bottom of this cavity, but this was easily stopped by pressure. The doctor states that he believes cancerous tissue had developed in this location, causing arterial erosion and consequent hemorrhage. She later consulted another physician, and I have since learned of her death. Treatment in this case was administered with the greatest care, but danger of dermatitis and the necessity of discontinuing treatment was always manifest. The tube was placed never less than four inches from the skin and treatments did not exceed five minutes' duration.

Case 5.—On June 19th, Miss E. N., age 21, presented a tubercular sinus of the neck, which had persisted for the past two years. The case was given fifteen X-ray treatments. These were discontinued July 30th. The lesion healed very slowly. On November 15th scar tissue had formed, producing some contraction of the skin at previous fistulous opening. Under cocaine, this tension was relieved, the wound healed kindly and there has been no further evidence of recurrence. The hard tube was used in this case for periods varying from five to six minutes. No dermatitis.

Case 6.—Was previously reported in the Fort Wayne Medical Journal-Magazine, October, 1902, as being a round-cell sarcoma of the hip. In connection with the remarks on the effect of X-rays on the skin, I would say that this case, by reason of long continued raying, developed a burn and deposits of scar tissue in the skin with consequent contractures. He attends his work as usual and his general condition is greatly improved.

In a sarcoma of the inferior maxilla existing in a male

adult, and in a sarcoma of the lower third of the femur in a child operated a month before treatment commenced, no results were obtained.

Case 7.—Mrs. B., age 45, multipara U. S., began treatment February 20th, 1903. A slowly growing tumor of the right breast presented on examination every evidence of scirrhous cancer, and the usual methods were employed. This case received thirty-two treatments, averaging four a week. Slight dermatitis was occasionally produced, but treatment on this account was never delayed more than a few days. The tumor has, at the present writing, December 10th, entirely disappeared, leaving subcutaneous scar tissue, which shows on examination a hard, painless, characteristic mass as large as a chestnut. The tumor originally measured one and one-half inches in diameter. The axillary glands in this case were slightly enlarged, but responded early to the usual methods of treatment which were employed. Much to my regret, I am unable to publish a photograph of this case, which has visibly demonstrated to me, far better than I can describe in this paper, the difference in effect of treatments given with the tube eight to ten inches distant and those applications made with the tube two and one-half to three inches away from the skin.

In case 8 a clinical picture was obtained identical with case 7; both were multipara, both had similar physical characteristics, both brunettes, and the diagnosis, lesion and extent of same practically identical. Treatments were given with the tube eight to ten inches distant from the lesion for periods averaging ten to fifteen minutes. After thirty such exposures had been given the tumor had increased in size and the patient's general condition had become worse. After a rest of three weeks she was placed on treatment identical with that employed in case 7. In four weeks improvement began, which has steadily continued. In my own mind it is clear that this result was not effected by the previous treatment. It is well established, however, that some lesions are very late in manifesting improvement, and this certainly may be true in the present instance, yet it hardly seems probable that this case would grow decidedly worse under the first plan of treatment, whereas, case 7, though almost identical, reacted exactly as the latter when treatment was changed.

The apparatus used is, I believe, of average potency. Effective skiagraphs of the trunk never require more than three-minute

exposures. Patients almost invariably develop severe cutaneous inflammation if treated in the usual manner for periods exceeding eight minutes. The tubes are used very "hard," much harder than the dealers supply as "hard" tubes, and are operated with a current at least equivalent to a twenty-inch spark.

Since the intensity of X-rays varies as the square of the distance, it is impossible to obtain curative results in many cases which extend deeply, notably in the breast. With the applications close to the skin the patients require most careful watching all the time, attention being given to every detail, not only while being treated, but in the interim as well. Medicinal tonic treatment is often of great service.

NEWS NOTES *and* COMMENTS

The Death of Dr. A. E. Van Buskirk.

Dr. A. E. Van Buskirk, Vice-President of the Allen County Medical Society, and one of the best known physicians of Fort Wayne, died at his home on Friday, January 22, after an illness of less than ten days from pneumonia. A few days before his death he underwent an operation for gall-stones, at the express wish of the family, in the hope that he might be relieved from some of his suffering. Dr. Van Buskirk was born at Harrisburg, Ohio, September 27, 1847. His early life was one of adversity resulting from the hardships in attempts to support himself, a widowed mother, and several brothers and sisters. His education was largely obtained by night study, though occasionally he had opportunity to attend district schools during a few weeks in the winter. He finally became competent to teach school and for several winters followed this pursuit. While teaching school he began the study of medicine, and in 1873, after one term of lectures at the Worcester University in Ohio, received his license as physician and began the practice of medicine in Monroeville, Ind. Not satisfied with this medical training he entered The Medical College of Ohio the following year and graduated in 1876

with distinguished honors. While a medical student he won a reputation as a skilled anatomist, a reputation which he maintained until his death. In 1877 he located in Fort Wayne, where he continued in the practice of his profession until his death. Surviving him are a wife, to whom he was married in 1876, and two children. In the medical profession Dr. Van Buskirk was acknowledged as a very able man, and above all else a man of the highest sense of professional honor. He was Professor of Anatomy in the Fort Wayne College of Medicine for many years and only resigned in later years as a result of impaired health. He had been President of the Allen County Medical Society, and at the time of his death was Vice-President of the Society. In politics Dr. Van Buskirk was an ardent prohibitionist and took a very prominent part in political work for the prohibition party. During the last four years of his life Dr. Van Buskirk was deputy coroner, in which capacity he served the county efficiently and well. He was an active working member of the Presbyterian church, and he practiced his religion in every phase of life. In the discharge of all his duties conscientiousness was a marked characteristic, and every friend and acquaintance pays him tribute.

Medical Society Officers at Indianapolis.

At the annual election in the Marion County Medical Society, held January 5th, Dr. W. H. Wishard, eighty-eight years old, was unanimously elected president, Dr. F. C. Heath, Secretary of the Indiana State Medical Association, making the nominating speech in rhyme. Dr. A. E. Sterne was elected Vice-President; Dr. Theodore Potter, Secretary; Dr. J. T. Scott, Treasurer; Dr. A. W. Brayton and Dr. A. L. Wilson, members of Board of Censors, and Drs. T. B. Noble and Geo. J. Cook chosen to represent the Society in the House of Delegates of the Indiana State Medical Association.

Asexualization for Assault.

A Baltimore grand jury has recommended the asexualization of those convicted of criminal assault on women, and especially on young girls, thus giving a sort of judicial or official recognition to the proposition that has been repeatedly made by private individuals. That it will be acted on at the present time is rather

more than doubtful, but it shows a tendency that may grow even to the point of actual legislation at some future time. Such a punishment might be considered as unconstitutional, but it would at any rate be better than lynching, which is getting so common in some sections that its peculiar methods can almost escape the constitutional provision against "unusual" punishments. Whether the proposed method would be considered unconstitutional we are not prepared to say, but it would be compartively humane and for a certain class of criminals more effective than the usual methods.—*Journal of the American Medical Association.*

Benedict's "Aphorisms."

In the *Medical Herald*, Dr. A. L. Benedict, of Buffalo, expresses the following ideas:

"Beware of the patient who always wants you in a hurry. Those who are worth dealing with will have a reasonable regard for the convenience of others." * * * "If there is a blessing on the man who makes two blades of grass grow where one grew before, there should be a double blessing on him who can cause one doctor to practice where two did before." * * * * "If you can't make a living out of medicine by your medical skill, go into some other line of work. Don't try to hang onto practice by toadying to patients, working the church or dressing up to the theatrical idea of a doctor."—*Lancet-Clinic.*

No Irregulars at Evansville.

The Vanderburgh County Medical Society held its regular meeting January 19th, at the offices of Drs. Walker and Welborn, Evansville, it being the tenth anniversary of the opening of the Evansville Sanitarium.

The meeting took the form of a reception, and was much enjoyed. An elegant lunch was served.

This society three years ago took into its membership all the Homeopaths and Eclectics, probably the first in the country to make so sweeping an action. The results have fully justified it. Think of a city of 75,000 inhabitants without a doctor's sign, "Homeopath or "Eclectic." Practically every physician in the county is a member of the regular organization.

Herbert Spencer May Not be Buried in the Abbey.

According to cable dispatches the great Spencer is not to be buried in Westminster Abbey because of the opposition of the Dean. Ye Gods! How little some great men can be.

A few more exhibitions of this kind and it will come to pass that to be denied burial in Westminster Abbey is a greater honor than to be buried there.

Personals.

Dr. H. C. Crowell, of Kansas City, is the guest of Dr. B. V. Sweringen, of Fort Wayne.

Dr. K. K. Wheelock, Fort Wayne, is expected home on April 1st from a four months' foreign trip.

Dr. E. J. McOscar, Fort Wayne, has returned from a month's post-graduate work in New York City.

Dr. L. G. Bowers, of Richmond, Ind., announces that hereafter he will limit his practice to surgery.

Dr. L. P. Drayer, Fort Wayne, will spend the month of March in Philadelphia in post-graduate work.

Drs. G. W. McCaskey and Miles F. Porter read papers before the LaGrange County Medical Society, which met at LaGrange January 28. The meeting was well attended.

Dr. G. W. H. Kemper, Muncie, sails from New York about April 1st on a trip to the Holy Land. He will return by way of Europe, visiting important places in Italy, Germany, France and England.

Dr. Norval H. Pierce, Chicago, has accepted an invitation to read a paper before the Allen County Medical Society at the open meeting on Tuesday, March 29th. His subject will be "The Surgical Treatment of Diseases of the Temporal Bone."

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

(The Medical Society of Allen County.)

MEETING OF JANUARY 19.—Meeting called to order by the President, Dr. E. E. Morgan, with twenty members and guests present.

Dr. Albert E. Bulson, Jr., reported a case of coffee amblyopia. There were no marked fundus lesions, but a concentric contraction of the fields of vision. The patient reported steady failure of vision for a period of three months, and at the time of examination had vision 20-70 in each eye, unimproved with lenses. A history of excessive use of coffee was obtained, the patient admitting that for several months she had been accustomed to drinking three and four cups of strong black coffee at each meal. Withdrawal of the coffee and administration of strychnine hypodermically resulted in recovery of vision, and six weeks after beginning of treatment the vision in each eye was 20-20 and fields of vision practically normal.

Dr. McCaskey, in discussing the case, said that he had observed nervous affections occurring as a result of the excessive use of coffee, and in some cases had recognized slight impairment of vision and contraction of the visual fields. He had not seen any cases as marked as the one reported.

Dr. W. D. Calvin exhibited a case for diagnosis with the statement that he considered it one of dilitation of the oesophagus with the formation of a pouch-like sac into which food lodged. The patient, a male, aged 33, gave a history on the mother's side of indigestion and goitre. The father died at 33 years of age, from septicemia. One brother living, who suffers from asthma. Three brothers died from diseases of childhood. The patient as an infant had marasmus; at seven had the measles. Eight years ago began to be troubled with his stomach and oesophagus, his first symptoms being choking sensations upon swallowing water or food. Symptoms always aggravated when suffering from a cold. Soon after the beginning of the choking spells he began regurgitating food after meals, fully one-half the meal being re-

gurgitated. Nothing characteristic in the food regurgitated. No eructations of gas, and no discomfort in the stomach. Bowels regular and nothing to indicate indigestion. At the beginning of the trouble the weight was 135 pounds, but gradually the patient became reduced in weight. At times quite a large portion of the meal would apparently gain entrance to the stomach, while at other times all of the food seemed to lodge at a point just above the stomach and later be completely regurgitated. This condition of affairs continued, with more or less unsuccessful efforts to secure relief, until October, 1903, when the patient was seen by Dr. Calvin. At that time there was a complaint of general weakness. Temperature 97¾; pulse, 49; weight, 106 pounds; emaciated in appearance; hands and feet cold, and lips blue. Until a few weeks previously the patient had been able to follow his usual vocation, that of an electrician. For some days the patient had not been able to secure enough food in his stomach to sustain strength, and the smallest particle of food or drink was immediately regurgitated. As a diagnostic test the stomach pump was used, but did not enter the stomach. Began washing, and by this means secured over one quart of a mixture containing mucus and food debris, very black in color, which gave much relief to the patient. In the mucus removed was found some berries which had been eaten five weeks before. The washings were continued daily, the amount of mucus and debris becoming greatly less. The ability to get food into the stomach became greater, and the patient's strength and weight increased. Five weeks later the patient returned to his work and continued to work until two weeks ago, when, during inclement weather, he took cold, followed by a chill, and fever of 101, and the old symptoms of regurgitation of food, which symptoms have continued with varying severity since. There is no history of trauma of any kind whatsoever. Patient does not suffer distress and does not regurgitate blood. Treatment has consisted in keeping the oesophagus clean by lavage and rest. (At this point the patient, in the presence of the society, ate a slice of bread and drank a full glass of milk, after which he permitted the members to make a physicial examination to determine the position of the food taken, which the patient said was not in the stomach, as he could feel it in the oesophagus. Within a few moments the patient regurgitated the entire quantity of food taken.

Dr. Calvin asked that the patient be carefully examined and an opinion given as to the nature of the condition.)

In opening the discussion, Dr. McCaskey said that he had seen the case before, but had not had sufficient opportunity to study it carefully. He gave it as his opinion that the patient had a normal stomach and that the condition was one of simple ectasia and not a diverticulum. The pathology is obscure, but he believes it to be a weakening of the muscularis, probably due to some degenerative change. He recommends lavage and faradization. The oesophagus should be given a rest by feeding the patient per rectum. He does not think the case operative, but suggests overcoming the stricture by divulsion with air pressure, using a heavy rubber bag at the distal end, or a double stomach tube. He says that the resistance of the cardiac sphincture is sufficient to cause dilation of the oesophagus.

Dr. Porter said that in his opinion there must be an obstruction below the dilatation, but that he did not believe there was a true stricture, for the reason that he had seen the patient before and had passed a large bougie into the stomach. If there is a stricture, it must be spasmodic in character, probably due to an irritated end of the oesophagus. He suspects that there may be an hour-glass stomach. He advises rest by keeping the oesophagus empty and the patient fed with a large tube. He thinks gastrostomy would be a proper operative procedure. He does not believe that air pressure with a rubber bag, as suggested by Dr. McCaskey, would be sufficient to cause divulsion of the stricture.

Dr. A. P. Buchman, who had also seen the patient before, said he considered the condition to be an oesophageal pouch on the dorsal side of the oesophagus. He thought the diagnosis would be more promptly cleared up if an exploratory incision was made, and could seen no harm in such a procedure.

In closing the discussion, Dr. Calvin said that the patient distinctly feels food lodged at a certain point two to four inches above the cardiac end of the stomach, and by auscultation and percussion this point is practically verified. He believes that the occlusion of the oesophagus is caused by a pouch, which presses in the oesophagus when filled or partially filled, because there is never any trouble in passing the tube into the stomach after the pouch is once thoroughly emptied by washing. The vomiting, he believes, is due to pressure on the restricted portion of the oeso-

phagus. He thinks the pouch is pendant to the left and back, and that the stricture of the oesophagus is simply occasioned by mechanical pressure.

Dr. Chas. R. Dancer presented a paper on "Epilepsy, and Its Relation to Crime." In this paper the essayist pointed out the fact as determined by statistics that many of our criminals are epileptics and have everything from the mildest to the most severe seizures. A study of epilepsy has a tendency to confirm the suggestion that all epileptics are by nature criminals, and that, therefore, this is only another reason for segregating the epileptics. As a distinguishing characteristic of most epileptics, the essayist called attention to the peculiar glisten or shine in the eyes of the criminal epileptic, which has been called to attention by many authorities.

In discussing the paper, Dr. McCaskey stated that epileptics with frequent attacks are dangerous to society and these cases should, therefore, be isolated. He said that the psychical equivalent or a confusional state is not to be confounded with periodical insanity.

Dr. Buchman said that there was no question as to the danger in allowing epileptics to roam at large. He reported a case of twenty years' duration in a family with the epileptic equivalent and with a marked tendency to violence.

Under routine business the applications for membership of Drs. Garrett Van Sweringen and D. B. Taylor were received and referred to the Board of Censors.

The usual bills were allowed and a motion made and carried that an order be drawn on the Treasurer for the amount.

Dr. Bulson made a motion, which was seconded by Dr. McCaskey, to the effect that the Secretary be allowed the same compensation under the new organization as in the past, in return for which compensation he be required to furnish for publication in The Fort Wayne Medical Journal-Magazine, and any other medical periodicals which the society may designate, a complete report of the proceedings of the society. The motion was unanimously carried.

Dr. McCaskey offered the following resolution, to be acted upon at the next regular meeting:

Resolved, That the name of the Allen County Medical Society be changed to The Fort Wayne Medical Society (The Medical Society of Allen County.)

On motion Dr. Bulson was instructed to extend an invitation to Dr. Norval Pierce, of Chicago, to present a paper at the next open meeting, on March 29th.

Adjourned.

J. C. WALLACE, Sec'y.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Perverse Factors of Sexual Conditions.

The development and consequent requirements of modern life, both business and social, and especially of the better and best classes, are responsible for the creation of factors which seem pre-eminently calculated to eat a poisonous inroad into the fundamental conditions of our well-being. The moral and normal exercise of the sexual organs, with the effective family life that is dependent thereon, is undoubtedly the keystone of biologic and social health, the pivot around which the individual and composite organism turns; but while the zenith of power in the male may be placed between the ages of 18 and 30, the conditions of modern life rarely allow him, as he thinks, to indulge in the luxury of marriage within that period. Women, naturally, are under the same necessity. Think of the consequences! The sexual desire in a healthy individual, which is stronger than the cravings of hunger and thirst, demands satisfaction in some way or other, but is repressed, or supposed to be, by men and women living "decently!" But the desire is not and cannot be suppressed, and we are at once confronted with various alternatives which vie with each other in their far-reaching power of pernicious influence.

From the schoolboy's point of view there was a seeming justification in his answer, "Indecent is when people see it!"

Certain concomitant factors render these conditions more intolerable still. In great cities the number of social occasions, literally teeming with almost unavoidable excitants of sexual desire, are legion. The low-cut gowns of our society ladies, the sexually exciting pleasure of dancing, the large quantities of alcoholic stimulants consumed, the living example of enormous numbers of cohabitating couples, the suggestive, if not positively indecent theatrical plays that form the principal intellectual food of our jeunesse doree; the ballet and circus, organized or sporadic prostitution, and a thousand other things tend to prove that much of our modern life appears cynically calculated to engender hypertrophic excitation and merciless contamination of the true moral instinct. They positively drive our young men and women into the snares of profligacy and indecency. Thus, man will enter into the state of marriage over-satiated by all the artifices of diseased imagination to which he has paid homage and tribute for the best part of a decade, in which his manly vigor, destined by nature for the highest moral purpose—the perpetuation of the race—was in its full power. Small wonder that such trees do not bear healthy fruit, and—"by their fruits ye shall know them." —*American Medicine.*

Multiple Myeloma (Myelomatosis) with Bence-Jones Proteid in the Urine.

Weber, in *Amer. Journal of the Medical Sciences,* October, 1903, on "Multiple Myeloma," advances the following ideas:

If the views which I have suggested in this paper be correct, it follows that the whole class of lukaemias and pseudoleukaemias (using the German terms for convenience) can be divided into at least the following six types, independently of intermediate forms:

a. A new growth of lymphocyte-like cells originating in the bone and marrow and not overflowing to the circulating blood. Myelogenic pseudoleukaemia (using leukaemia in the sense of lymphocythaemia), myeolgenic lymphosarcoma, lymphadenomato-

sis of bones, multiple myeloma (myelomatosis) of the lymphatic type.

b. Similar to the preceding, but the tymphocyte-like cells overflow into the blood stream. Myelogenic lymphocythaemia. I do not know of any cases illustrating this type excepting cases of "acute leukaemia." Those of A. Dennig (Munchener Med. Wochenschrift, 1901, No. 4, page 140) and C. H. Melland (Medical Chronicle, September, 1902, page 372), for instance, were examples of acute lymphocythaemia in which post-mortem practically no change was discovered in leucocyte-forming tissues other than the bone-marrow.

c. A new-growth formed in large part of lymphocyte-like cells originating in the lymph glands or the lymphadenoid tissues generally, and not to any great extent overflowing into the circulating blood. Lymphatic or splenic lymphadenoma or pseudoleukaemia (using leukaemia in the sense of lymphocythaemia), Hodgkin's disease. In the more chronic fibrous varieties of this type the microscopic appearances differ, of course, considerably from those in acute cases.

d. Similar to the preceding, but the lymphocyte-like cells invade the blood stream. Lymphatic or splenic lumphocythaemia.

e. A new-growth in the bone-marrow of cells derived from the myelocytes, not invading the circulating blood. Myelogenic pseudolaukaemia (using leukaemia in the sense of myleogenic or splenomedullary leucocythaemia). To cases of this type and to "mixed cases" partaking of this type the term multiple myeloma (myelomatosis) might perhaps be limited.

f. A new-growth characterized by its myelocyte-like cells overflowing or being drawn into the circulating blood, and by Bence-Jones albumosuria, not occurring as it sometimes does in the preceding type. Myelogenic or splenomedullary leukaemia (leucocythaemia.)

In regard to Bence-Jones albuminuria in this disease, he says:

I now come to the diagnostic value of finding Bence-Jones proteid in the urine. From a study of the cases the following conclusions must be arrived at: 1. Undoubtedly a number of cases of multiple myeloma have occurred in which the Bence-Jones proteid has not been detected. In some of them the urine may have been examined at a stage of the disease prior to the commencement of the "Bence-Jones albumosuria." In other cases

the urine may possibly have been insufficiently examined. Still there remain sufficient cases to enable one to affirm with almost absolute certainty that "multiple myeloma" may occur without giving rise to the presence of Bence-Jones proteid in the urine. It must be remembered, however, that different types of tumor have been included under the heading "multiple myeloma," but I will not repeat here the conclusions which I have already mentioned in an earlier part of the present paper. 2. Metastatic tumors affecting the skeleton, however exensively the bone marrow be infiltrated, have never yet been known to cause "Bence-Jones albumosuria." 3. The presence of Bence-Jones proteid in the urine is practically invariably of fatal significance, and nearly always, if not always, indicates that the patient is suffering from multiple myeloma. 4. One or two published cases in which Bence-ones proteid was present in the urine seem, however, to have been exceptions to the rule in that they were supposed not to be instances of multiple myeloma.

He concludes as follows: Taking all the data that I can obtain into consideration, it seems to me quite possible: 1. That Bence-Jones albumosuria is always the result of disease of the bone marrow. 2. That it is due to an abnormal metabolic or degenerative process in the myelocytes or in the tumor cells, derived from the myelocytes or their predecessors. 3. That the reason why it is generally, though not always, associated with myelogenic tumor formation is that the tumor cells derived from bone-marrow cells, however much they may morphologically resemble true bone-marrow cells, are more prone to abnormality (including unusual degenerative changes) than real myelocytes are. 4. That non-myelogenic tumor cells are not affected in the same way, and therefore metastatic tumors in the bone-marrow do not give Bence-Jones albumosuria.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Drug Eruptions.

By G. Pernet, M. R. C. S., (*British Medical Journal*, May 16.)

The author classifies and discusses the different drug eruptions as follows: (1) Erythematous, uriticarial, papular and desquamating rashes. These are the commonest drug eruptions met with. Belladonna produces symmetrical cutaneous rashes, sometimes associated with erythema multiforme, and wheel-like patches. Scarletiniform rash from the internal administration of this drug is rarely seen. Chrysarobin at times leads to a marked diffuse erythema, accompanied by conjunctivitis, if it has been applied near the eyes. Mercury may cause anything from a slight erythema to a severe eczematous-like irritant dermatitis. Such a rash may become generalized, and instances of fatal universal dermatitis have been recorded. In syphilis mercurial rashes were often attributed to the lues venera itself, and the drug pushed with unfortunate results. A localized dermatitis following the use of blue ointment for pediculi is not uncommon. Arsenic produces erythematous eruptions on the trunk which are either diffuse (scaratiniform, morbiliform, erythrodermial) or circumscribed (papular, circuiate, etc.) The lesions also simulate seborrhoeic dermatitis, psoriasis, lichen planus and syphilides. Iodoform acts as a cutaneous irritant in some cases, producing urticarial and erythematous conditions. The same may be said of its substitutes. Copaiba produces a papular, scarlatiniform, of morbiliform eruption. Turpentine also gives rise to similar rashes. Quinine and salicin both produce erythema, especially in patients with generalized skin diseases. Borax is stated to have produced psoriasis, but this the author has never seen. It does cause erythema. Opium, morphine, potassium chlorate, digitalis, antipyrine, sulphonal and chloral all produce erythematous rashes, as likewise do chloroform and ether anaesthesia and diphtheria antitoxine.

Diagnosis.—In scarlatiniform rashes the first thing is to exclude scarlet fever. Non-scarlatinal rashes do not usually come out in the order observed in scarlatina. The urine should always be examined. Desquamation is not characteristic of scarlet fever. Where an epidemic of smallpox exists, the preliminary scarlatiniform rash of that disease must be born in mind. Multiformity of eruption is in favor of non-scarlatinal origin; this is also of morbilliform eruptions. The history must be taken with great care. Often the patients will deny the use of any drug whatsoever, especially where they have been using patent medicines, copaiba for gonorrhoea, etc.

(2) Vesicular and bullous eruptions. These indicate a more severe action of the drug or a greater susceptibility of the skin. Most of the drugs already mentioned produce them. Iodoform when applied to varicose ulcers occasionally leads to an eruption of closely aggregated vesicles on an erythematous base. Salipyrin produces at times a herpes-like eruption about the glans penis and the mucous membrane of the mouth. Potassium iodide greatly aggravates bullous eruptions. Arsenic and antipyrine both cause vesicular eruptions, that due to the latter being characterized by after-pigmentation, sometimes leading to the eroneous diagnosis of syphilis. (3) Pustular eruptions. Arsenic, choral and salicylic acid occasionally produce pustular eruptions, but they are very rare. Bromides, and especially potassium bromide, give rise to pustular lesions, either discrete or confluent, a not uncommon error being to mistake them for syphilides. Such eruptions are likely to occur in epileptics, and they may continue to appear, although the drug may be stopped. The iodide pustular rashes are the most common. The individual lesions are usually smaller than in the case of bromides; they are usually discrete, rarely confluent. (4) Ferunculosis sometimes results from the use of arsenic, bromides or quinine. (5) Purpuric eruptions indicate great toxicity, due either to large doses of the drug or to great susceptibility of the patient. Arsenic, antipyrine, iodoform internally, quinine, sulphonal and chloral all produce them. (6) Gangrene due to the destruction of the vitality of the skin may follow the use of arsenic, quinine, iodide and orthoform. (7) Pigmentation. Arsenical pigmentation has long been recognized; in most cases it follows an erythematous blush, which gradually turns from red to copper color and to bronze—in severe cases to almost

black. The minute white dots on a dark background are characteristic. Silver nitrate and antipyrine also produce discoloration of the skin. (8) Keratosis or hyperkeratosis. This complication is observed in arsenical poisoning. (9) Tumor-like lesions may occur in the bromide eruptions. (10) Changes in the nails and hair are caused by arsenic.—*New York Medical Journal.*

Typhoid Fever in Infancy and Childhood.

Although our experience has been that children with typhoid fever require little medication as a rule, and that drugs are not always needed, we read in the *Medical News* of September 26, 1903, an article by Griffith, in which he has the following advice to offer: As he well says, in the present method of making hydrotherapy practically the only therapeutics of typhoid fever, except purely symptomatic treatment, the question is a vital one as to how far the method applies to the disease as occurring in children. Although valuable, hydrotherapy must be used with much caution, and the method of Brand, carried out in its exactness, is seldom applicable. In the author's experience the true cool or cold bath occupies but little place at this time of life. Children as a rule do not tolerate it well. Even the tepid plunge of 85 to 90 degrees F., or the graduated bath, is often not well borne, even by older children. It has been repeatedly abandoned on account of the weakness of the pulse which it produced. The writer's custom is to employ sponging first, since this is often quite sufficient. If it is not, then graduated bath of 90 degrees cooled down to 80 degrees F. is employed. In some instances excellent results follow the use of the bath at 95 to 100 degrees F., while in others cold to the belly is serviceable in reducing temperature.

It is noteworthy that very often sponging seems to do harm. In many such cases tubbing is to be preferred to sponging on account not only of its greater power, but especially of its shorter duration. To sponge a child for fifteen minutes who is crying and struggling violently meanwhile is of very questionable good. A brief immersion in the bath is often far less fatiguing to the patient.

We must remember that children as a rule not only develop high temperature readily, but that they tolerate this unusually well.

We can therefore, in many cases, afford to let the temperature alone. Careful judgment must be employed, and hydrotherapy can never be used in children as a necessary routine. Although so valuable in many cases, it is, without the exercise of judgment, often capable of doing far more harm than good.—*Therapeutic Gazette*, Nov. 15, 1903.

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

The Best Method of Operating to Secure Radical Cure of Senile Hypertrophy of the Prostate.

Orville Horiwitz read a paper on the above title before the New York Academy of Medicine, December 17, 1903. His conclusions (*Med. News,* Jan. 23, 1904) are based upon a study of 141 radical operations, and in part are as follows: (1) A routine method is not applicable to all cases. (2) The danger of daily catheterization is greater than that of early radical operation. (3) The proper time to operate is as soon as daily catherization becomes necessary. (4) Experience has proven the Bottini operation to be of great value and applicable in a large percentage of cases. It is the best method in selected cases. (5) Complete prostatectomy gives gratifying results when done before the patient is broken down. Mortality in these cases is from five to seven per cent. (6) Complete prostatectomy contraindicated in feeble patients, mortality from fifteen to eighteen per cent., and in cases where bladder is hopelessly disabled the results are negative. Here suprapubic drainage should be done. (7) In ninety per cent. of all cases the gland can be removed through a median section. Bryson's method preferred. (8) Suprapubic prostatectomy more dangerous than the perineal operation. Perineal drainage renders suprapubic prostatectomy less dangerous. (9) Partial suprapubic prostatectomy is indicated where there is valve-like lobe, or in partial hypertrophy of one lobe. The following abstract is taken from the *Buffalo Med. and Surg. Journal*:

Bazet, L., (*American Med.*, September, 1903,) states that reaction is taken place against prostatectomy, due to indiscriminate operation. In selected cases the operation is indicated, and should be done through a perineal opening. The size and character of the prostate should be determined by combined rectal and abdominal examination, by cystoscopy and the use of the biconder sound. The symptoms of only dysuria and nocturnal frequency, with enlarged prostate, do not call for immediate prostatectomy. Acute detention demands prompt relief by prostatectomy, in the presence of enlarged prostate; if small, defer operation. In chronic, incomplete retention operate, if the prostate is large. The larger ratio of failures result from operation in this condition. Contraindications are great age, debility, infection and nephritis.

Toxic Phenomena in Appendicitis.

The convenience of the word "shock" is undeniable when other explanations are rare. This is especially applicable where the death in a post-operative case of appendicitis seems a result entirely out of proportion to that, namely a recovery, which could have reasonably been expected. The true cause is oftentimes overlooked and especially so in this country, because of the refusal of an autopsy. According to the *Hot Springs Medical Journal,* Dieulafoy (*La Medicine Moderne,* July 9, 1902), in giving the results of his observation in cases of appendicitis, states that every case of acute febrile appendicitis, even with a rapid course, has been cured by operation, if performed within the first two days; the case during the third day having usually been cured, while from the fourth day some are cured and others succumb. As appendicitis sometimes exists twelve to twenty-four hours before any severe symptoms or pain manifest themselves, it is frequently hard to state when the attack began. For example, he states that at times a patient is attacked with appendicitis where there is no severe vomiting and other symptoms are slight, yet the general condition became worse, the urine becomes more scanty and contains albumen and casts. After incision is reached, a slight peritonitis, a recto-caecal abscess and some gangrene of the posterior wall of the appendix.

The patient sinks in spite of the operation, and after severe attacks of haematemesis, he succumbs. The autopsy, while it

shows but little pus in the peritoneum and to the naked eye the intestines are normal, reveals an acute degenerative nephritis due to toxins. This, he states, is a clear case of toxic appendicitis.—*New Albany Med. Herald,* Nov., 1903.

Adrenalin in Gastric Hemorrhage.

Dr. S. S. Halderman, of Portsmouth, Ohio, describes in the *Cincinnati Lancet-Clinic* the satisfactory treatment of a case. The patient was a man 65 years of age. The condition of the patient was most serious. He was in a cold, clammy perspiration, radial pulse imperceptible, and with every appearance of impending dissolution. He was given ten-drop doses of solution adrenalin chloride every half to one hour until he had taken one drachm of the solution. The vomiting and hæmorrhage soon stopped, and for three weeks rectal alimentation was depended upon; also every day he was given, per rectum, one pint of normal salt solution, with instructions to retain it if possible, which was usually done. After three weeks he was allowed milk and bread, and has now resumed his usual diet and appears in better health than for a year. —*Med. Bulletin,* Nov., 1903.

Tyson on Renal Decapsulation.

At this autumn's meeting of the Pennsylvania Medical Society, Dr. James Tyson, Professor of Clinical Medicine in the University of Pennsylvania, reported a case of Bright's disease treated by the Edebohl's method: Stripping of the fibrous capsule from about three-fourths of the kidney surface. He said he now regards the operation as at least life-prolonging, as curative in some and as applicable to cases other than those of nephritis in its various forms. He assumes that the operation should not be done until medical measures have been thoroughly applied; yet it should not be deferred until the patient is moribund. He considers parenchymatous nephritis more favorable for operation than interstitial. Further application of the operation is suggested in cases of obstinate so-called "idiopathic hematuria."—*American Journal of Surgery and Gynecology.*

SURGICAL SHOCK

is reduced to a minimum by high rectal injections of ***BOVININE*** combined with an equal quantity of salt solution, heated to 70°F, and administered prior to, during, and subsequent to operation.

BOVININE

improves the heart action and circulation at once.

The blood which has become non-ærated through ether administration is oxygenated by the introduction of a fresh supply, and is rapidly restored to normal condition. To this fact is due the power of ***BOVININE*** to prevent the thirst, nausea, and emesis, which usually follow anæsthesia.

Reports of numerous cases are cited in our scientific treatise on Hæmatherapy. It is yours for the asking.

The Bovinine Company

75 West Houston Street, NEW YORK

Tissue Waste

In morbid conditions following La Grippe, Typhoid, Pneumonia, Malaria, operative treatment and other conditions marked by tissue waste; secondary anemia and persistent decline, Colden's Liquid Beef Tonic has shown itself able to satisfy the demand for constructive metabolism. It creates an appetite for food which is taken with avidity and relish. It imparts strength and completeness to the digestive and nutritive processes. Be specific in ordering "Ext. carnis fl. Comp. (Colden)."

Colden's Liquid Beef Tonic

Literature mailed to physicians on request.

THE CHARLES N. CRITTENTON CO.

Sole Agents for the United States,

115-117 FULTON STREET, NEW YORK.

PNEUMONIA AND ANTIPHLOGISTINE.—In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results from the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment, which does not in any way interfere with internal medication.

A prominent physician recently remarked: "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

There are certainly some surprises in store for those not acquainted with the results following the proper application of Antiphlogistine in these cases. If the entire thoracic walls, front, sides and back, are covered with Antiphlogistine as hot as can be borne, fully an eighth of an inch thick and then covered with a good, warm cotton-lined cheese-cloth jacket, results are immediately manifest. The pain and the rapid and difficult breathing are promptly ameliorated. The pulse improves, the temperature declines, the muscular and nervous systems relax, and the greatest of all remedial agents—rest and sleep—are invited and usually follow.

This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent. or more of the physicians now look upon Antiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scentific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a small package do the work of a large package, and do not apply Antiphlogistine

cold, but thick and as hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

You say, How does Antiphlogistine bring about such favorable results? It forms the best known method of applying moist heat continuously. By stimulating the cutaneous reflexes, it causes a contraction of the deep vessels and coincidently a dilation of the superficial, which action, aided by its hygroscopic virtue, produces a flushing of the superficial capillaries and thus bleeds but saves the blood, consequently relieving the overworked heart and all other associated distressing symptoms.—The Denver Chemical Mfg. Co., New York.

STATIC MACHINE FOR SALE.—A 24-plate static machine, complete with all equipment, including X-ray tubes, one-half horse power motor, etc., is offered for sale by F. S. Lumbard, Rooms 2 and 3, Bass Block, Fort Wayne, Ind.

COUGH AND RESTLESSNESS IN PNEUMONIA.—Dr. W. J. Parker truthfully states in the January *Medical World*, that "The season for pneumonia is here," and it may be of interest to our readers to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia and heroin tablets. Each of these tablets contain five grains of antikamnia and one-twelfth grain heroin hydrochloride, and the dosage is one tablet every two or three hours, according to the exigencies of the case, or at the discretion of the attending physician. We may also add that Prof. Uriel S. Boone, of the College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

STATIC MACHINE FOR SALE.—A 24-plate static machine, complete with all equipment, including X-ray tubes, one-half horse power motor, etc., is offered for sale by F. L. Lumbard, Rooms 2 and 3, Bass Block, Fort Wayne, Ind.

PHYSICIANS DEFENSE CO.

FORT WAYNE, IND.

PROPHYLACTIC
IN
ALLEGED
MALPRACTICE.

PROTECT YOUR PROFESSIONAL REPUTATION AS WELL AS YOUR POCKETBOOK BY PURCHASING ONE OF OUR CONTRACTS.

FULL INFORMATION BY MAIL.



ETHICAL.
COMPETENT.
SUBSTANTIAL.
SUCCESSFUL.

TOTAL EXPENSE $20 PER ANNUM

U-NEED-US.

DR. ALBERT E. BULSON JR.

219 W. Wayne St.,

FORT WAYNE, IND.

Practice Limited to Diseases of the

Eye, Ear, Nose and Throat.

Tel. Main 413.
Hours, 10 to 4.

THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL,

214-220 East 34th St., New York City.

Founded in 1881.

PRACTICAL POST GRADUATE COURSES IN ALL DEPARTMENTS OF MEDICINE AND SURGERY

The Dispensary and Hospital annexed to the Institution yield a variety of material for clinical demonstrations of the tachnic of major and minor surgical operations, the diagnosis and treatment of diseases.

Modern methods in the special branches of each department are studied.

Laboratory instruction in Pathology, Bacteriölogy and Urinary Analysis.

Classes in Operative Surgery and Electro-Radio Therapy.

For further information, address CHARLES H. CHETWOOD, M. D.
Secretary of the Faculty.

CHEMICAL

NEURILLA

TRANQUILIZES THE NERVES

TEASPOONFUL REPEATED AS NECESSARY

NO BAD EFFECTS

DAD CO.

NEW YORK — PARIS



Thoroughly Up-to-Date

The Globe Equipment — Nebulizer Outfit and Compressed Air Vibrator

This equipment is now used not only as the most rational method for ear, nose, throat and lungs, but by specialists in genito-urinary affections, by gynecologists, and in short by physicians in nearly every specialty with marked success.

NOTE. — (a) Globe Nebulizers are the standard.

(b) The Globe is the only appliance by which Vapor Massage can be administered.

(c) The Compressed Air Vibrator is a revelation in the possibilities of mechanical vibration, and in price. A compact, powerful, handsome instrument – simply perfect—and fully equal to any high-priced vibrator made for practical results for all purposes of vibration. Price, $15.00. This is your opportunity.

(d) Special vibrator tip for Globe Massage Valve for high frequency of positive impulses in middle ear inflation and Vapor Massage. See illustration.

(e) If you have a Nebulizer but desire better results we will make you a liberal exchange proposition.

Write for our special March and April offers. Reliable, energetic salesmen wanted.
Satisfaction guaranteed. Further information on request

GLOBE MANUFACTURING CO., Battle Creek, Mich., U. S. A.

ECTHOL, NEITHER ALTERATIVE NOR ANTISEPTIC IN THE SENSE IN WHICH THOSE WORDS ARE USUALLY UNDERSTOOD. IT IS ANTI-PURULENT, ANTI-MORBIFIC--A CORRECTOR OF THE DEPRAVED CONDITION OF THE FLUIDS AND TISSUES.

SAMPLE (12-oz.) BOTTLE SENT FREE ON RECEIPT OF 25 CTS.

FORMULA:--Active principles of Echinacia and Thuja.

BROMIDIA
IODIA
PAPINE

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U.S.A.

A REMARKABLE CURE OF A REMARKABLE CASE.—By G. H. F. House, M. D., ex-President of Indianapolis Board of Health, Indianapolis, Ind.—I have just had such a remarkable cure of a case that I feel it my duty to report it. November 20th, 1903, I was called to see Mr. B., age 73 years; kidneys congested; bladder irritable; only one ounce of urine passed in thirty-six hours; both legs three times their normal size; abdomen full of water; heart action bad; difficult breathing. Tested urine, but found no albumen; urine full of pus, blood, urates and phosphates. Put him on Sanmetto and digitalis; punctured the legs (and they dripped gallons of water—thought he would die). After six days, slight improvement. Kept up treatment, and at this date, January 13th, 1904, the swelling is gone and the breathing easy, urine nearly normal, appetite good, and almost well. He is now on the eighth bottle of Sanmetto. It is the most remarkable recovery I have had in twenty-seven years' experience, and I am compelled to give Sanmetto the praise. It is a grand medicine.

3015 N. Illinois St.

FOLLICULAR TONSILITIS.—Received sample of Echtol, and have used same on a bad case of Follicular Tonsilitis, with a complete cure in twelve hours. This is certainly remarkable, and am very much pleased with at. At present am using it on a leg ulcer with remarkable results, and I can heartily recommend it to the profession.

H. B. HANNON, M. D.

Chicago, Ill.

SKIN GRAFTS HEALED IN SIX DAYS WITH BLOOD.—Arnold L., age 24 years, German.. Diagnosis, wound of the left cheek, the result of being thrown from a street car. Patient admitted to hospital March 10th, 1902. The wound was filled with gravel and dirt, and involved almost the entire side of the face. A space in the center of the cheek, two by one and one-half inches, was completely denuded of skin. In this case it being desirable to have the wound heal rapidly and with no evidence of scar, I determined to use grafts of normal skin sufficiently large to entirely cover the denuded surface. These grafts were secured from the patient's arms. The wound was dressed as in the other cases; the dressing being kept wet with bovinine. March 17th

the dressing was removed, and the wound was entirely healed, leaving no evidence of a scar whatever; but around the periphery there was some decided redness. This is probably the most rapid case of healing of this class on record.—*Sound View Hospital Reports.*

Dr. Colin Campbell, Southpark, Eng., L. C. R. P., M. C. R. S., writes in the *Medical Press and Circular,* London, Eng., Oct. 7, 1903:

Pleurisy.—Dr. B. was under my care last winter, suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on December 7th, 1902, accompanied by severe pain over the cavity, and a temperature of 103 degrees. His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occurred to me to try Antiphlogistine.

The material was warmer and "trowelled" on for many inches around the pleuratic center, then covered with non-absorbent lint and Jaconet.

The result was remarkable; the pain disappeared within an hour, and the high temperature within two days.

Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief from pain, its adhesiveness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin.

* * * * * *

Chilblains to many will appear a trifling matter, but as one whose school days in winter were rendered miserable by them, I can assert that they are most maddening. Last winter my daughter, aet. 11, suffered f rom them severely. Each time Antiphlogistine was applied, the redness and intolerable itching disappeared in a night. I have tried remedies innumerable with no such result.

"Many a man is today worrying over a case or two of Pneumonia, Pleurisy, or Capillary Bronchitis, whose troubles would flit away like mist did he but know enough to put his patient into a jacket of Antiphlogistine."—*Medical Summary,* Nov., 1902.

"NORWAYS" Dr. Sterne's Sanitarium for Nervous Diseases

No. 1520 E. Tenth St., (Facing Woodruff Park.)
INDIANAPOLIS, IND.



"Norways" is strictly a sanitarium for the care and treatment of the sick. It is not a place for persons in search of amusement. The institution is composed of separate buildings, and is thoroughly equipped in every particular. The grounds are extensive and beautiful. The cuisine is excellent. Every method of treatment of known value is employed by skilled attendants. Patients suffering from all forms of nervous disease, rheumatism, kidney troubles, the various drug habits are accepted. The early stages of tuberculosis and other pulmonary maladies and those in need of the "rest cure" are especially treated. For mental affections an entirely isolated building is used. Such patients never come in contact with other patients.

TERMS: All charges are payable weekly, one week in advance. They range from $25 to $50 per week, depending upon necessities of treatment and location of room. Regular sanitarium rates include board, room, nursing, treatment and physician's fees. There are no extra charges, unless a special nurse ($10 to $15 per week) is demanded.

The first complete examination is $10 whether a patient remains in the institution or not.

Out-door patients will be charged according to the treatment employed.

GARMENTS: Patients should wear comfortable clothing. No finery is advocated. Each person should have a bath or lounging robe.

Every patient must adhere to the printed rules and regulations of the sanitarium. These are posted in proper places about the buildings. No exceptions will be made to them in any case.

N. B. No persan should be brought to the institution who is too weak to be safely removed from home. For further information apply to the Director,

ALBERT E, STERNE, M. D.

Sanitarium. CONSULTING HOURS, 9 TO 11 A. M. AND 2 TO 4 P. M
VISITING HOURS, 3 TO 5 AND 7 TO 8 P. M.
TELEHHONE 29.

POSITIVE RESULTS.—The *Medical Examiner and Practitioner,* issue of May, 1903, says: As far as positive results are concerned, it is safe to assert that no preparation of iron ever introduced to the medical profession has met the requirements to the extent that the pharmaceutical product, Gude's Pepto-Mangan, has done. Unlike many articles claiming to be "just the same," or "just as good," it has stood the test of years in the hands of the practitioner, and has been submitted to the severest clinical investigations by eminent men in the profession, both in hospital and private practice.

STATIC MACHINE FOR SALE.—A 24-plate static machine, complete with all equipment, including X-ray tubes, one-half horse power motor, etc., is offered for sale by F. S. Lumbard, Rooms 2 and 3, Bass Block, Fort Wayne, Ind.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV MARCH 1904 No. 3

EDITORIALS

The American Medical Association Meeting.

The next annual session of the American Medical Association is to be held in Atlantic City, N. J., June 7-10. The place is admirably suited for the purposes of the Association. Aside from being one of the most noted summer resorts on the Atlantic coast, Atlantic City possesses features which make it suitable for conventions and meetings of various kinds where a large number of people are expected to congregate. The hotels, including number, capacity, and general excellence, are unsurpassed by any city in the United States. A large number of commodious audience rooms and halls give opportunity for accommodations for the many sections of the A. M. A. requiring independent quarters for scientific sessions, and practically all of the hotels, as well as the various audience rooms, are close together and face the ocean and the famous board walk of Atlantic City. The place is reached by several trunk line railroads, principal of which may be named

the Pennsylvania Company, which maintains an exceptional train service from Philadelphia and eastern points. The local committee at Atlantic City are making elaborate preparations for entertaining all who attend this year's meeting of the Association, and it is expected that the attendance will be larger than ever before. At a recent meeting of the officers of the various sections it was reported that never in the history of the Association had the scientific programs offered such a treat in the way of variety of subjects by men eminent in the medical profession. No progressive medical man who can possibly get away from his practice the first week in June, and can afford the trip, ought to fail to attend the meeting. A. E. B.

President Roosevelt Pays No Attention to Recommendations of the Medical Profession as to Appointment of a Medical Director on the Panama Canal Commission.

We regret to announce that President Roosevelt has failed to recognize the recommendations of the American Medical Association that he appoint a medical sanitarian on the Panama canal commission. We doubt not that the President recognizes the fact that the construction of the Panama canal will require the adoption of the most stringent regulations pertaining to sanitation and public health on the isthmus if the colossal enterprise is to be carried to its ultimate conclusion without the loss of so many lives that the world will stand aghast at the slaughter. To argue that the most expert engineers and the best endowed executive officers are capable of looking after this all-important question is ridiculous. It may be that the President has well defined plans which when developed will prove the wiseness of his course in refusing to appoint a medical man on the commission, and yet it occurs to us that he has been largely influenced in the matter by politicians who have usually nothing more under consideration than the awarding of office for the emoluments or benefits which it directly or indirectly brings. The question of public health and sanitation in the construction of the Panama canal outweighs every other question and is deserving of first consideration if the needless sacrifice of human lives is to be averted. The experience of the French commission in an attempt to build the Panama canal should be an object lesson to us. The medical

profession of the United States respectfully requested that the President appoint on the Panama canal commission a medical man with unusual executive ability, and above all a man whose record as an expert in sanitation and as a possessor of accurate knowledge pertaining to tropical diseases is unquestioned. Such a man is Major Gorgas, whose work in Havana is evidence of what he could accomplish at Panama. The medical profession also suggested that the man placed at the head of sanitary affairs at Panama be clothed with absolute authority to institute such measures as in his judgment might seem necessary in order to effectually safeguard the health interests of those who are engaged in the construction of the canal. If the recommendations and suggestions of the medical profession, which have been made in good faith and in all sincerity, are to be entirely ignored, then the world will witness such a slaughter of lives during the construction of the canal as ought to bring the blush of shame to every American citizen who admits allegiance to a government that countenances such unnecessary and willful destruction of life. While we believe that the President intends to make his suggestions and appointments with the best interests always in view, yet we are inclined to believe that he is influenced, as most public men are, by politicians who have personal ends to serve. We sincerely hope that before actual work begins at Panama the President and those entrusted with the executive details connected with this colossal enterprise, will see the necessity for appointing a committee on public health and sanitation that will have absolute control of the sanitary problems connected with the construction of the Panama canal, and whose authority will not be second to any who are identified with the work. A. E. B.

Hon. William L. Taylor for Governor.

Medical men are interested in securing wise and efficient laws pertaining to public health, sanitation and the regulation of medical practice, and the honest interpretation and application of those laws. In Indiana it has been a constant struggle to secure any kind of legislation bearing upon these subjects, and when the legislation has been secured it has been almost impossible to bring about its enforcement. The difficulties encountered have been largely political, and we regret that not for years have we had a

governor in this state who was at all in sympathy with the aims and objects of the medical profession in the matter of securing and enforcing measures directed to public health, sanitation and medical affairs equally of vital interest to the people of the state. The present incumbent in the gubernatorial chair has repeatedly shown himself antagonistic to regulations or even suggestions pertaining to these matters, and with a vindictiveness that has been painful to more than one of his supporters has proven his lack of sympathy with the aims and objects of the medical profession. This year we are to elect a new governor and the opportunity is open for the selection of a man who while eminently fitted for the position in every other way is also entitled to recognition by the medical profession for the interest he takes in everything that pertains to public health or sanitation, and measures regulating the practice of medicine and surgery. We refer to Honorable W. L. Taylor, who is seeking nomination at the hands of the republican party. In our judgment the question of politics should not be considered by physicians when it comes to voting for a man who represents interests which while vitally concerning us are equally important to the welfare of the people at large. But to our republican friends especially we say that Mr. Taylor is well worthy of your support in his effort to secure the nomination, and we urge every republican physician in the state of Indiana to use his influence at the primaries toward the selection of delegates who will support Mr. Taylor at the state convention, which will convene at Indianapolis next month. As attorney-general Mr. Taylor has stood as a bulwark for the proper interpretation and application of the health laws, and in every position in which he has come into touch with physicians he has shown a high sense of the significance of our profession, and if elected governor he would carry the same feeling and effort into every department of executive business. His proper understanding of medical questions to be legislated upon, and his deep convictions in them is known to us all. The peculiar power and strong influence centered in the governor of this state can promote or retard the public growth of health and medicine. The election of such a friend will give a rare opportunity for surely and rapidly promoting every just public and private need pertaining to health and medicine. We therefore urge every republican physician in the state to industriously work for the nomination of Hon. Wm. L.

Taylor as the republican candiate for governor, and if the nomination is secured we urge every physician, irrespective of political affiliation, to use his influence and vote in an effort to secure the election of Mr. Taylor, well knowing that no man who is at present a candidate for the office is better suited to fulfill the obligations and duties incumbent upon our executive nor so unmistakably in sympathy with the best interests of the medical profession.

A. E. B.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

Colles' Fracture.

BY
CHARLES C. MILLER, M. D.,
Professor of Clinical Surgery, Harvey Medical College,
CHICAGO, ILL.

(Clinical Lecture to the Students of the Harvey Medical College.)

The first patient to which I wish to call your attention tonight is a man 64 years of age who tells us that he "has sprained his wrist." He is a little uncertain and thinks "perhaps we may find it dislocated." Inquiry as to the manner of acquiring this injury indicates that he fell today, and in trying to protect his body he extended his left hand which received upon its palmar surface the entire weight of the body. This, briefly, is the history, and now he presents himself to us for the diagnosis and treatment of the injury.

Let us begin our examination by a careful inspection of the injured part, and here we will take advantage of the opportunity to compare the well with the injured member—something which you should ever be ready to do in all injuries of the limbs.

We see in this case that there is an unnatural prominence of the dorsal surface of the lower forearm, and a deviation of the entire hand toward the radial side, causing a decided prominence of the styloid process of the ulna. The patient finds his hand

quite useless, and he has practically lost all power of pronating and supinating this member. He has suffered considerable pain since the injury, and swelling has now developed, which might obscure a less conspicuous deformity.

By palpitation I can easily feel the broken extremity of the upper fragment projecting toward the palmar surface of the wrist, while dorsal digital examination reveals the projecting extremity of the lower fragment. This is the form of deformity which almost invariably follows this form of fracture, for this is a Colles' fracture. A few instances are reported where the weight of the body was received upon the dorsum of the hand, and there was a reversal of this type of deformity, the proximal extremity of the lower fragment projecting toward the palmar surface of the wrist or forearm, but even where the weight is received upon the dorsum of the hand the same dislocation of the fragments may follow, as is found in this case.

In these cases abnormal motility and crepitation are usually absent at the site of fracture, as the continuation of the force which produced the fracture results in more or less impaction of the fragments. Both these symptoms can be secured by breaking up the impaction, a proceedure which is not contra-indicated. Where the deformity is very slight severe pain can be caused by pressure at the seat of fracture, and may prove a symptom of value in the diagnosis.

Much has been written regarding the various conditions of bone and soft parts after the development of such an injury. Fracture of the radius most often occurs within an inch of the extremity of the bone. The point where the spongy bone of the extremity joins the more compact bone of the shaft represents the seat of fracture, and the hard, compact bone of the upper fragment is driven into the cancellous and less resisting lower fragment. The line of fracture is almost invariably oblique from before backward, and sometimes from side to side. In some cases the fracture occurs very near the lower extremity of the bone; in one type of such fracture only a portion of the articular extremity of the bone is broken off. The joint may also be involved by comminution of the lower fragment, the result of a greater violence than that which produces a simple fracture.

Fracture of the styloid process of the ulna very frequently accompanies fracture of the lower extremity of the radius. This is

easily accounted for when you note the deformity as it exists in this case. You see that the hand has been displaced toward the radial side, and in this way the strain is thrown upon the internal lateral ligament, which extends from the styloid process of the ulna to the carpal bones. It does not give way, but the styloid process is fractured. Continuation of the violence results in a laceration of the fibro-cartilage at the extremity of the ulna, and this permits of a dislocation of the extremity of this bone.

A general anesthetic is indicated in a large per cent. of these cases before an attempt should be made to reduce the deformity. Here we have a so-called "silver fork" deformity, but I will make an effort to reduce the deformity without an anesthetic. If a very brief effort is not successful we will give the patient a general anesthetic. I will have the patient held and will make a quick over-extension of the parts. This tends to increase the deformity, as you see, and by so doing overcomes the impaction. I now make very strong traction upon the hand and by diligent pressure force the displaced lower fragment back into its normal position. At the same time by our traction and manipulations we have overcome the projection of the styloid process of the ulna, so that aside from the swelling we have overcome all deformity. Whenever you see one of these cases with much swelling be particular to make sure before you apply your retention dressings that the swelling alone alters the appearance of the parts.

The first great essential in the treatment of Colles' fracture is to completely overcome all bony deformity. In the beginning of your career submit all these cases to a general anesthetic. Later some of them may be reduced without it. The comparatively easy reduction of one case must not lead you to believe that all can be reduced in a similar easy manner.

How shall we treat this case after we have reduced the deformity? That is a question which cannot be answered easily, for opinion varies and results are imperfect with any form of treatment if tried upon a large number of cases. A large variety of splints have been recommended in the treatment of this fracture. Unless the bone has been comminuted there is practically no tendency for the deformity to recur, and the splint plays the minor role of protecting the limb from injury. The most elaborate or the most careful splinting of this variety of fracture will never solve the problem of securing a perfect functional result

in all cases. The hand should be midway between pronation and supination when any dressing is applied. This will be with the thumb upward. Some have dressed these cases with merely a strip of adhesive plaster about the wrist, and then have allowed the hand to hang in a sling, prohibiting neither active or passive motions. So far as I can observe the results of such treatment have been quite as good as where the most elaborate splinting was used.

Anterior and posterior splints and lateral and special splints of various kinds have been recommended in the treatment of these fractures. We will use a long palmar and a short dorsal splint. Our long splint will extend from below the elbow to the distal ends of the metacarpal bones. Our short splint will extend from below the elbow to the proximal ends of the metacarpals. These splints will allow of the free motion of the fingers.

This patient will return in twenty-four hours for the removal of our splints and probably at that time we will apply for a time compresses of diluted lead water. The compresses do not have a great amount of influence upon the inflammatory reaction, but may aid somewhat in checking it, and they permit us to examine the parts and to encourage the use of the joints and tendons. Within ten days or two weeks our splints will be discarded, and active and passive motion and massage will be used to secure, as nearly as possible, perfect use of the hand.

While you must give these patients the most painstaking attention, even when you do so your prognosis as to the ultimate outcome of the case must be carefully worded, so that the patient will not attribute to an error in treatment or negligence any imperfect restoration of the function of the parts.

In closing I will remind you that many of these cases are treated by prolonged immobilization after imperfect or absolutely no reduction of the deformity, and I warn you not to err in this way, for by intelligent and careful treatment you can secure satisfactory results in the great majority of cases, both from an esthetic and a functional standpoint.

Diseases in the Sigmoid Flexure.

BY
L. R. FAST, M. D.,
Paulding, Ohio.

(Read before the Northwestern Ohio Medical Society, December 10, 1903.)

The sigmoid flexure or pelvic colon begins above at the termination of the descending colon, near the outer border of the left psoas muscle, and comprises all that portion of the intestinal canal between this point and the upper termination of the rectum, opposite the third sacral vertebra. As ordinarily measured *in situ,* it is about nineteen inches in length, but when removed from the body and stretched out upon its mesentery this length is considerably increased. It is attached to the posterior wall of the abdomen and pelvis by a peritoneal fold called the meso-sigmoid, which is continuous with the meso-colon, but is much longer than the latter, giving the sigmoid greater mobility than any other portion of the large intestine. The mobility explains the great variation in its situation, direction and relations, as described by different authors.

The sigmoid when empty ordinarily falls in the recto-vesical sack, or Douglas' *Cul-de-sac,* and occupies the pelvic cavity for the great portion of its extent. Under such circumstances it forms an acute flexure at its juncture with the rectum. When distended with gas or fecal material it rises up in the abdominal cavity as high as the umbilicus, sometimes to the transverse colon, or even to the diaphragm; its distal end being carried across into the right iliac fossa, straightens out this angle between it and the rectum, and produces a comparatively straight channel through the two organs. Whenever by adhesive bands, tumors, or any other conditions the sigmoid is prevented from rising up in the abdominal cavity, and thus straightening out the flexure, a mechanical difficulty in the passage of fecel material will be presented.

The sigmoid receives its blood supply from the sigmoid arteries, branches of the inferior mesenteric artery. They run circular around the gut and anastomose with the colonic arteries above, which are tributaries of the anterior inferior mesenteric and the superior hemorrhoidal arteries below. The veins follow the arteries, and empty their blood into the portal circulation through the inferior mesenteric vein. Prolonged pressure from uterine or other tumors upon the arteries at their entrance into the meso-

colon may be followed by ulcerations or even gangrene of the sigmoid.

The nerves of the sigmoid are of the sympathetic variety and are made up from the lumbo-sacral nerves. A disturbance of the portal circulation causes a corresponding disturbance in the sigmoid, through the sympathetic sacral plexus. The same thing is true of the renal path. When from any cause the kidneys do not perform their amount of labor allotted for them to do in the field of body metabolism, there results a hypostatic state not only in the sigmoid, but in every mucous membrane of the body, and the inflammation is correspondingly greater where the membrane is charged with the duty of elimination, as in the lungs. If this is true, and we must accept it for the want of a better explanation, then is it not natural to suppose that through this same sympathetic plexus, the renal, sigmoid and pelvic in this instance, anything which causes an irritation in the sigmoid will also disturb the functions of the kidneys and there will result a general state of auto-intoxication?

The sigmoid while forming a part of the alimentary tract takes no part in the process of digestion; it simply serves as a store-house for the fecal material after the process of digestion is complete. It is provided with a system of glands or tubules which absorb from the mass whatever fluid there is left in it. The absorbing power of the sigmoid is very powerful, hence the great amount of poisonous material absorbed when there exists a diseased state of this section of the intestinal tract.

Physicial and anatomical experiments and a study of lesions of the cord show that the reflex center of the sigmoid is located in the cord nearly opposite the base of the first lumbar vertebra, in the very tip of the cord or conus medullaris. The inhibitory center is stiuated in the brain. Injury to the cord, and more particularly the conus, is therefore followed by incontinence, while injury or disease above this region results in constipation.

Sigmoiditis, dysenteric in character, may be produced independent of a general inflammation, by the presence of dried, hard, irritating fecal material that should have been expelled but was not owing to the paresis present or the lack of secretions sufficient in quantity to lubricate the mass, or, to the narrowing of the gut, due to the muscular contraction produced by reflex irritation through one of the aforementioned reflex centers.

We find then that the sigmoid flexure, because of its anatomical construction, its location and office, is peculiarly subject to a diseased condition of the alimentary tract. It is a physiological fact that the fecal mass starts from the cecum, and makes its rapid passage through the colon, thence into the flexure, finally dropping into the rectum. If for any cause the mass is not voided, its watery constitutent is absorbed and a large portion of the remaining mass is lifted back into the flexure by a retrostaltic motion. Here it remains in a dried state and by its presence proves to be an irritant. In the constipated habit this is a common occurrence and a congested condition of the flexure results. Symptoms indicative of such a condition of the flexure are, discharges of mucus, frequently tinged with blood; aching pain in the back, radiating down the thighs, and a frequent disposition to go to stool. These cases are generally diagnosticated as dysentery, or catarrh of the bowel, but, in fact, are nothing more than the result of a local irritant.

The treatment is very simple and effective. In lieu of giving medicine by the mouth—usually astringents—such patients should receive local treatment alone. Treatment of the colon is of recent date, but one has only to try it to be convinced of its efficiency. It might be well in each case to begin by administering a brisk aperient, say a glass of Hunyadi-Janes, or Rubinat water. The method now employed for local treatment is to first wash out the flexure thoroughly with warm water, or water containing a certain per cent. of boric or carbolic acid. At least a gallon of water should be used for this purpose. The instrument necessary to effect this is a Wales rectal bougie, No. 4 or 5. To this is attached a Davidson or other good bulb syringe. This local treatment should be given once a day for one week, and in this length of time the discharge of both blood and mucus will probably have disappeared. If, however, it has not, it is best to administer per rectum, in the same manner as described, a mild astringent. One of the best is F. E. hydrastis, one-half ounce to four ounces of water in dilution. This should be injected at bedtime, with directions that the patient retain it, if possible. At the end of the second week all symptoms will have disappeared in the majority of such cases.

That inflammation can have its seat in the flexure, from causes just mentioned, independent of a general colitis, there can be no doubt. If the irritant (dried feces) remains a sufficient length

of time, or by repeated occurrences, congestion results. If the congested state is maintained, inflammation naturally follows. Plastic infiltration takes place in the walls of the gut and, in consequence, they are much thickened. In response to this pathological condition a train of symptoms results which are both painful and annoying. Mucous discharges, tinged with blood, are of frequent occurrence; tenesmus, with a frequent desire to evacuate the bowels, and a feeling of unrest obtains. These cases are generally denominated dysentery, but, in fact, are due only to a local irritation which is very amenable to treatment, and soon relieved by local treatment. It is a mistake to prescribe internal medication, for by such treatment, the symptoms are aggravated rather than improved. The condition soon assumes a chronic character if let alone, and its entire eradication will require some weeks or months of careful attention.

Being the result of inflammatory changes, sigmoiditis should receive the same character of treatment that other inflammatory diseases of chronic type should receive, viz., irrigation, mild astringents, rest, etc. By rest is meant the avoidance of anything that will disturb the tranquility of the part. To rest a part physiologically might mean to first disturb it in order to get rid of something that was a source of local or general irritation. Hence it is first best to give a few successive purges to a patient suffering from the above named condition in order to rid the local part of any mechanical irritant. An aperient is preferable because watery actions are produced. The Rubinat water, or crab-orchard salts, in usual dose, administered once a day for several days, answers the purpose. Then all internal administration of remedies should cease, and local treatment begun. A Wales bougie should be passed into the flexure and at least a half-gallon of tepid water, containing one ounce of saturated solution of boric acid, injected. The patient should retain this for twenty or thirty minutes and then be allowed to pass it. Then an astringent wash, antiseptic in its nature, should be used. A tablespoonful of pinus canandensis, or a drachm of campho-phenique to a pint of tepid water, thrown into the flexure once a day for six or eight days, and allowed to remain until the patient is forced to evacuate it. After the termination of the second week an oily preparation is most serviceable. One of the best is the following: Sweet almond oil, one pint; iodoform, one drachm; sub. nit. bismuth, one-half

ounce. This preparation should be shaken each time, and one ounce in a teacupful of warm water should be deposited in the flexure each night at bed time, through theWales bougie. This should be done for one week, which constitutes the third week of treatment, at the end of which time patients suffering from such a condition can, in the majority of cases, be discharged cured.

Ulceration of the flexure *per se* is infrequent, but that it may result from inflammatory changes just described cannot be denied. In this connection the writer wishes to call attention to the difference between an excoriation, where both epithelium and mucous membrane may be lost, and a single ulcer with well-defined edges, a hard base, and the characteristic discharge. When the latter exists, a cachexia must be suspected, and an entire different course of treatment pursued. If ulceration exists in the flexure the discharge from the rectum will be very different in character from that excited either from a simple congestion or an inflammatory condition. Besides containing some blood, there will also be much mucus, casts of epithelium and pus in the stools. The desire to evacuate the bowels is nearly constant, and the relief not radical. The patients lose flesh rapidly, and complain of direct pain over the left inguinal region, and reflected pain in back and thighs. Invalidism rapidly overtakes them and they are unfitted for business. Such a condition requires more active treatment than the former. After the usual prescribed purging, an injection of two ounces of water containing ten grains nit. silver will be found useful in stimulating the ulcerated surface to healthy granulation. One or two of such injections will suffice. After this the boric acid solution or a quart of hot water containing forty drops of carbolic acid, should be used once a day for a week. About the second or third week the iodoform oil should be substituted.

The question of diet is not of as great importance in either class of cases described here as would at first appear. At first we were in the habit of limiting our patients to a well regulated diet, but it was observed that they lost flesh and strength by such a course, and for some time we have abandoned the strict diet course. Moderate eating of substantial food seems to work no detriment, but enables them to keep up good nutrition and strength.

It is not a good plan to put these patients to bed and allow them no exercise. On the contrary it is best to permit them to go out walking or riding every day. Fresh air, good food, and a moderate amount of exercise are essential to their recovery. Walking to fatigue, horseback riding, or the use of the bicycle should be forbidden. An indigestion usually accompanies the train of symptoms, hence the stomach should be carefully watched and constipation never allowed to occur.

The sigmoid flexure is a common seat for malignant growths. It is usually true that when such a condition is diagnosticated, it is beyond the ken of medicine to cure. It becomes at once a surgical case and should be referred by the physician in charge to a surgeon for opinion. If inoperable the surgeon should in turn refer it back to the physician, for it again becomes a medical case. Can anything be done for a patient suffering with a cancer of the sigmoid flexure? It can be safely said that in the majority of such cases nothing can be done but resort to palliation. And yet in this day of modern surgery one is inclined to give such a patient a chance for life, if life you would call it. There are several operative procedures proposed: (1) Total resection of the flexure, with end to end anastomosis; (2) anastomosis around the flexure by the Murphy button, or otherwise, and (3) Colotomy. The only one of the proposed methods looking toward a radical cure is the operation by resection. Yet the others may be done, and the patient's life prolonged, for as is well known there is a great tendency to obstruction of the bowel, and either of the last two would suffice. But who will advise the total removal of the flexure, and under what conditions? The question is not whether it *can* be done, for that is granted, and only a year ago we had presented at our meeting a very interesting case by our friend Dr. Hamilton, but when is it justifiable? Are we to use the term "too late" for fear of having an unsuccessful operation, or for some other reason usually well known by the surgeon?

SOCIETY PROCEEDINGS

The Fort Wayne Medical Society.

(The Medical Society of Allen County.)

MEETING OF JANUARY 23—The Society met in special session to take action on the death of Dr. A. E. Van Buskirk, Vice-President of the Society. The meeting was called to order by the President, with eighteen members present.

On motion by Dr. H. V. Sweringen, and seconded by Dr. Bulson, a committee on resolutions was appointed. The President appointed on the committee Drs. H. V. Sweringen, W. P. Whery and M. F. Porter. The following resolution prepared by Dr. Sweringen was accepted by the committee and adopted by the Society:

To the President and Members of the Allen County Medical Society:

The undersigned, your committee appointed to draft an expression of the sense of loss the Society has sustained in the death of Dr. A. E. Van Buskirk, one of its most prominent and respected members, beg leave to submit the following:

As a society of physicians we are again reminded that death is no respector of persons. It is as liable to enter our ranks as those of any other class of people. And yet, there is, perhaps, no body of men who give to the subject of death so little thought as that of physicians. The reason for this is obvious. With all their dealings with the human body; with all their investigations with microscope, scalpel and X-ray; with all their laboratory experimentation of whatever kind or character, the impression forced upon them on every side is that of "matter," and only "matter," continually.

And so, from time immemorial, from the age of Egyptian embalming down to the modern crematory, and to the present, death has been regarded as the "King of Terrors," the "Grim Monster," the culmination of all happiness, the sum total of all horrors, misery and despair, and, by many, the absolute end of

existence. With this view of death it is not surprising that we find such poetic expression concerning it as:

"Hark! From the tomb a doleful sound,
My ears, attend the cry:
Ye living men come view the ground
Where you must shortly lie."

But, thanks to the evolution of science, philosophy and religion, the tomb has ceased to give forth quite so doleful a sound, for the evidence is accumulating which tends to establish as a most glorious truth that the personal ego, the soul, the mind, the thinking principle, the spirit lives on, and is not contained in the material body which the grave encloses.

For man to say he has a soul,
Is not a truth to say;
He has no soul, but is a soul,
But has a house of clay,
Which house is but his transient home;
Ere long he'll move away
And leave it cold and tenantless,
To molder and decay.
Were I to say I have myself,
'Twould be a phrase as fit
As 'tis to say I have a soul,
For I myself am it.
This clay with which I now am clad
Is not I, as some suppose,
Because when shed, 'twill be as dead
As e'en my cast-off clothes.
Habiliments we'll leave behind,
At death our clay forms leave,
But we ourselves—souls all refined
Shall ever onward live.
Oh! Speed the heavenly day to come
When earth can truly sing
"Oh, grave, where is thy victory?
Oh, death, where is thy sting?"

Science, which has always been disposed to obey Paul's injunction to "prove all things," is now making an effort to prove a future life. It is meeting with much encouragement in the ac-

complishment of this object, and its effort is more and more sustaining that other statement of Holy Writ, with which, it can hardly be said that saint and sinner are yet in full sympathy, viz. "The day of one's death is better than the day of one's birth," or that "To die, is gain."

As a most devout and sincere Christian, Dr. Van Buskirk had an unbounded faith in the immortality of the soul. He lived in accordance with his religious convictions, and is now enjoying the fruition thereof. As a society, then, we have lost his moral and Christian example, but it will continue to live in the memories of all who knew him. His professional attainments were known to us all as being of a high order, and he was particularly generous in modestly imparting his great fund of knowledge to our younger physicians and surgeons, who will greatly miss him in this as in many other respects.

To his bereaved family who will feel his loss most keenly, we can but extend our heartfelt sympathies. There is a sense in which no words of ours can adequately assuage its grief. It seems to us, however, that the growing assurance that death is not the end, should constitute a star of no small magnitude in the night of its bereavement. If the matter which composes the human body is only decomposable and not destructible, what shall we say of the spirit which for a time has animated us? Is spirit destructible and matter indestructible?

With the late Geo. D. Prentice, "we cannot believe that earth is man's abiding place. It cannot be that our life is cast up by the ocean of eternity to float for a moment upon its waves and then sink into nothingness; else why is it that the glorious aspirations which leap like angels from the temple of our hearts are forever wandering about unsatisfied? Why is it that the rainbow and clouds come over us with a beauty that is not of earth, and pass off to leave us to muse upon their favored loveliness? Why is it that the stars who hold their festival around the midnight throne are set above the grasp of our limited faculties, forever mocking us with their unpardonable glory? And, finally, why is it that the bright forms of human beauty are presented to our view, and then taken away from us, leaving the thousand streams of affection to flow back in Alpine torrents upon our hearts? We are born for a higher destiny than that of earth. There is a realm where the

rainbow never fades, where the stars will be spread before us like islands that slumber on the ocean, and where the beings that pass before us like shadows shall stay in our presence forever."

H. V. Sweringen,
W. P. Whery,
M. F. Porter,
Committee.

On motion by Dr. Bulson, seconded by Dr. Porter, the Society appropriated $10.00 from the treasury for the purchase of a floral tribute for the funeral of Dr. Van Buskirk. It was also moved and carried that the Society attend the funeral in a body, the Secretary being instructed to notify the members regarding the action. It was also decided to have the resolutions of the Society published in the daily papers, and copy of the same sent to the members of the family of the deceased.

Drs. W. P. Whery, C. B. Stemen, M. F. Porter, A. P. Buchman, C. H. English and W. W. Barnett made remarks touching upon the life and character of Dr. Van Buskirk. Dr. Stemen called attention to the fact not generally known that Dr. Van Buskirk had at one time been a dentist and that in the early 70's he began the study of medicine. As an anatomist, Dr. Van Buskirk had few superiors, and in 1876 he won an amputating set as a prize in a contest in anatomy which included a test of knowledge as to the relation of various parts and concluded with a dissection and amputation. The test was made before the faculty and students of the Medical College of Ohio, in 1876, the year that he graduated. Dr. Porter and others who had known Dr. Van Buskirk intimately for many years testified as to his character which throughout his entire career had been marked by a keen appreciation of honor in its highest sense to do right under any and all circumstances, a motto which the deceased had always followed.

MEETING OF FEBRUARY 2nd.—Society called to order by the President, E. E. Morgan, with twenty-two members and guests present. Minutes of two previous meetings read and approved.

Dr. H. A. Duemling reported in detail a case of Caesarian section. He was called to see the patient at 3:00 a. m. and found

her in labor, the pains having commenced about 3:00 p. m. the day previous. Three years previous to this time she had been delivered of a child and the labor was normal. On vaginal examination a breech presentation was discovered. Also a tumor in the pelvis which occupied the hollow of the sacrum and seemed to be wedged in and not movable. A mid-wife who was in attendance when called had been making ineffectual efforts to bring about delivery. Dr. E. E. Morgan was called in consultation and agreed in the diagnosis of a tumor in the pelvis preventing normal delivery. The patient was removed to Hope Hospital, where she was again examined by Dr. M. P. Porter and others, who agreed in the diagnosis. Caesarian section was decided upon and the operation was performed by Drs. Duemling and Porter, assisted by Drs. Morgan, Schneider and Weaver. Following the opening of the pelvic cavity the tumor was removed. It was then decided that both mother and child stood a better chance under Caesarian section than by allowing labor to progress in the usual way. An incision was made in the uterus and the child was delivered through the center of the placenta. The hemorrhage was not any more profuse than in normal labor. A fibroid of the ovary with adhesions was found completely obstructing the outlet, thus making it impossible to secure delivery in the natural way. Following removal of the child the muscularis was closed with cat-gut sutures, as also the outer peritoneal surface. At the time the report was made the operation had been made nine days and both mother and child were reported as in good condition. The baby weighed eight pounds and ten ounces. (Since this report was made a further report has been made to the effect that the mother and child are in good health.)

In discussing the paper Dr. Porter said that he considered the case unique on account of the rarity with which we meet fibroid of the ovary. This is the third in his experience. The case is also unique from the fact that the delivery was accomplished after the impediment was removed. The child was delivered in sixty seconds. Before the sutures could be placed the uterus began to contract. Under ordinary circumstances this operation subjects the woman to less risk than would be the case had she been sewed up following the removal of the tumor and the delivery allowed to progress in the usual way. The tumor

with an ovary imbedded in it was wedged in the pelvis, and the adhesions were short, thus accounting for the immobility. The adhesions were quite vascular.

Dr. Maurice Rosenthal congratulated the surgeons upon their diagnosis and successful operation. He coincided with Dr. Porter as to rarity of fibroids of the ovary and said that in one thousand laparotomies performed by himself he had not seen one case. He has seen three cases of Caesarian section and in one case the section was the second which had been performed on the mother for the delivery of a child. The mother not only lived through two Caesarian sections, but in each instance the child was saved also.

Dr. B. Van Sweringen said that while Caesarian section was an heroic measure, yet it could not be said to be attended with a great amount of risk, for the statistics go to show that in quite a large percentage of cases both the mother and child are saved when this method is resorted to. In especially difficult forceps cases he thought Caesarian section might at times be warranted, and he felt satisfied that the chances both for the mother and child would be better with a clean Caesarian section than under difficult forceps delivery.

Dr. C. E. Barnett complimented the surgeons and said that it was fortunate that the impossibility of delivery of the child by the natural method had been so promptly discovered by competent surgeons and the appropriate though heroic treatment adopted.

In closing the discussion Dr. Duemling said that he had a work in German which described the Caesarian section as made in the less enlightened countries, and that even with bungling operative procedures and lack of aseptic technique, the operation had in early days been fairly successful both as regards the life of the child as well as the mother.

Dr. E. E. Morgan, commenting upon the inherent resisting powers of tissues to infection, cited a case where an accidental laparotomy was closed with harness thread and the patient made recovery.

Dr. Maurice Rosenthal reported a case of volvulus of the entire omentum which he considered an extremely rare condition. He had been called upon to operate a case supposed to be appendicitis. The patient had been sick four days. Pain in the belly; no vomiting; temperature 102; pulse 116; dullness from the right

iliac fossa to the umbillicus. At one point in this dullness there was great tenderness, and pressure on this point caused sickness of the stomach. The abdomen was opened and a growth that looked like spleen on account of adhesions was discovered. This growth was found to be an undescended testicle. This was released. The appendix was not badly diseased. The upper part of the omentum had a knot in it and the lower part was gangrenous. Bowels adherent and of a dark brownish color throughout.

Dr. A. H. Macbeth brought up the subject of the typhoid fever epidemic which owing to the activity of newspaper reporters was a topic of general discussion in the city. He reported that there were sixty-three cases of typhoid fever in the city, all of which had developed within the last few weeks. He believed that there were many more cases which had not been reported. Most of the cases occurred in families living in the southeast part of the city, just north of the Pennsylvania railroad and south of Washington street. On investigation he found that the families in this vicinity were drinking water from the city mains and samples of water from these mains when examined showed the typhoid bacillus present. Further investigation developed the fact that the city mains have a connection with the mains of the Pennsylvania Railroad company at Walton avenue, where a valve is supposed to close the connection when the railroad company is not using the city water and is able to obtain sufficient water from the St. Mary's river, the source of supply. The valve was discovered open and on investigation it was found that the St. Mary's river water in the Pennsylvania Railroad company mains had a pressure of 75 pounds, whereas the pressure in the city mains is only 40 pounds, thus making it possible for contamination of the city water through the increased pressure of the polluted water in the railroad company pipes. Dr. Macbeth stated that the had advised the people through the medium of the daily papers that the water was contaminated, and those using the city water were urged to boil it before using it.

In discussing the subject Dr. Drayer said that he was satisfied that while he was city health commissioner there was river water in the mains and he had informed the waterworks trustees at that time that the water was impure. He had not during his term of office found any pathogenic germs, yet there were impurities in

the water which were deleterious to health and tending to promote stomach and bowel troubles, but there were no typhoid bacilli at any time. He further said that any board of trustees who would permit the mains to receive river or canal water were open to the severest censure. He said that he thought that a man or a body of men who would turn polluted water into his house and cause sickness or death is guilty of just as malicious an act as if he or they had put poison into his well. He said that he thought a board of trustees allowing such water to go into the mains makes the city liable for damages if anyone thereby dies of typhoid fever.

The report was still further commented upon by Drs. M. F. Porter, J. M. Dinnen, C. E. Barnett, H. A. Duemling, W. D. Calvin and Maurice Rosenthal, all of whom condemned the action of the waterworks trustees in permitting such a state of affairs to exist. The majority of the members present thought it incumbent upon the city to take measures to not only secure an ample supply of absolutely pure water, but preserve it from pollution by every possible means. A few of the speakers condemned the action of the board of trustees in allowing connection of the city water mains with the feeder canal or the Pennnsylvania Railroad company pipes to exist. Dr. Porter suggested that a committee be appointed with instructions to thoroughly investigate the conditions and report back to the Society at its next meeting if possible, with a view to taking such action as may seem proper in locating the blame and possibly suggesting a remedy. Following a motion to this effect Dr. Morgan appointed a committee consisting of Drs. M. F. Porter, H. A. Duemling, L. P. Drayer, W. D. Calvin and Maurice Rosenthal.

In the regular routine of business Drs. Garrett Van Swearingen and D. B. Taylor were elected to membership.

Bills for printing and current expenses were allowed and an order drawn upon the treasury for the several amounts.

J. C. Wallace, Sec'y.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Schmidt's Treatment for Cancer.

The first medical communication concerning Schmidt's "Specific Treatment for Cancer" appeared in the *London Lancet* November 14, 1903. Dr. Johnson, of London, who had been an assistant of Dr. Schmidt's at Cologne for some months, read a paper in which he discussed quite fully Schmidt's position in this matter.

Schmidt was able to cultivate an organism in pure culture, and by variations in the culture technique he demonstrated the identity of this organism with practically all of those which had previously been described as a specific organism of cancer. (Gaylord, *American Journal of Medical Sciences,* last year went into these different forms very closely.)

Inasmuch as the descendant of the same organism under different conditions assumed the various forms previously described, Schmidt thinks that these organisms are all identical. He was able to cause new growths in at least two instances in mice. In his treatment he used two forms of immunization. First, or active, treatment consists of the injection of small amounts of the filtered culture media of the organism. The second, or passive form, consists in using the serum of immunized animals. In injections of the sterilized culture a reaction takes place in all parts affected by the new growth, with rise of temperature, pain in the affected areas, and the signs of a local inflammation. This reaction, according to Schmidt, is absolute. Under continual treatment the part effected continues to swell for a short time and then gradually cicatrization takes place with destruction of the original growth. The gain in weight is sometimes marvelous. The one case, in which a diagnosis of cancer had previously been made, which failed to show this reaction was subsequently shown by operation and careful microscopical examination to be a benign

tumor. At no time has Schmidt spoken of a positive cure, but always of a specific treatment of cancer.

A very spirited discussion followed the reading of Dr. Johnson's paper, and Keyes claimed to have produced the same reaction by the use, hypodermically, of a certain isomer of cinnamic acid. The *Lancet* devotes considerable space editorially to the discussion of this paper, and warns against a too quick acceptance of the views here held.—Le Roy Crummer, Omaha.—*Western Med. Review,* Dec. 15, 1903.

Pneumonia.

British Medical Journal, London.—Lees' second lecture on pneumonia. He says that when the vitality is feeble or other viscera are damaged or there are old pleural adhesions, when the lungs are fibroid or emphysematous, or the patient is chronically poisoned by alcohol, tobacco or sepsis, chance for recovery is small. Pneumonia kills, he says, by a paralyzing over-distension of the right heart on which the toxin seems particularly to act, as particularly distinguished from that of rheumatism which affects the left heart. Most important in treatment is to constantly watch the right heart, preventing over-distension by timely removal of a small quantity of blood, a precaution too often neglected, which fact he thinks is responsible for a large part of the mortality. The procedure should be repeated when necessary. The diet should be such as can be taken without effort and easily assimilated. Milk meets these indications and also acts as a diuretic, thus helping to carry off the toxins. We have to consider, however, that an increased amount of fluid increases the amount passing through the right heart, and he would, therefore, only give small quantities of predigested and highly nutritious elements during the intenser stages of the disease when this cardiac complication is marked. He suggests one-half ounce of sodium and potassium bicarbonate, dissolved in two ounces of malted milk every hour for an adult; for a child two teaspoonfuls in an ounce. After the leech has relieved the heart, it is possible to give considerable quantities of water. During the first two or three days he would give milk alone in quantities of two to three pints a day, but not later. Sleep must be obtained, and if pain demands it morphin may be necessary. Even at a late stage or in severe

cases, morphin may sometimes be safely given if the right heart has been relieved and the air passages cleared by venesection an hour or two previously. But if the right heart has been duly relieved by leeches and local applications of the icebag made over inflamed areas, morphin is rarely necessary unless the pleura is seriously involved. He thinks strychnin is the most useful cardiac tonic; this should be given subcutaneously in dose of one-half to one minim of the official solution, B. P., twice daily, in the beginning with a child, and in the adult two minims morning and evening at first, increasing to as much as five minims if necessary. Atropin by subcutaneous injection is often useful, especially in children; in adults belladonna is less convenient. Oxygen by inhalation assists aeration of the blood and improves the quality of the blood supply to the heart. It is a true cardiac tonic, but neither strychnin or oxygen will save the patient if the right heart is allowed to become paralyzed. Digitalis is most likely to be of service after the cardiac symptoms have been relieved and the fever is moderate. Ammonium carbonate may be given when there is much secretion in the bronchial tubes, and repeated small doses of alcohol may be of service, but large quantities are likely to do more harm than good. It is absurd to think that brandy can support the heart when the right side has become paralyzed from overdistension. Ice applications over inflamed areas are of great value, and must be used much more freely than in pericarditis. Lees suggests also that such applications lessen the proliferation of bacteria and quotes Dr. Neave, who has investigated on this point. From Washbourne's experiments he concludes that lung consolidation and pyrexia are largely due to the local effects of an albumose produced by the growth of the pneumococcus.—*Jour. A. M. A.*

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

The Use of Adrenal Extract in Gastrointestinal Atony.

Baccarani and Plessi have obtained good results with an extract prepared from the medulla of the suprarenal capsules in the treatment of atony of the stomach. They reason that it has the same effect upon the nonstriated muscle of this organ as it has upon the blood vessels, and they employed it in a number of cases with a certain proportion of immediate results. Experimental observations show an increase in the motility of the stomach.—*Am. Med.*, Feb. 5, 1904.

The Ravages of Tuberculosis.

Dr. F. E. Daniel, in the *Medico-Legal Journal*, September, 1903, has the following on the ravages of tuberculosis:

How far-reaching and disastrous are the ravages of tuberculosis may be seen at a glance at a few figures of the statistician. Dr. W. S. Carter, of the Medical Department of the University of Texas, at Galveston, in a paper presented to the Texas State Medical Association at Dallas last April, says that in the United States there are one hundred and fifty thousand deaths from consumption every year. That is about 50 per cent. more than the total deaths in the United States from yellow fever in a century! And yet, in face of these appalling facts, the health machinery of many of the states and of the United States is directed almost solely towards the prevention of epidemic diseases of foreign origin; and nearly all of the vast amount of money spent for sanitation is expended in the endeavor to prevent the introduction of those diseases into our midst; that is, for quarantine and inspection of service. One hundred and fifty thousand lives lost every year in the United States by one preventable disease! It is estimated that the money value of those lives—to say nothing of time lost, suffering, expense of treatment and nursing; that is, the value to the state of a citizen as a producer, or a soldier, if need be—is about one hundred and fifty million dollars, a sum sufficient to pay

the public debt, or to build an isthmian canal every year—that is about one-fourth of one per cent. of the entire population. If unchecked, at that rate, in about forty years, the population will be decimated. The world stands awed and shocked at contemplating the destruction of forty thousand people by an earthquake. It would be horrified at a war in which one hundred and fifty thousand were slain. And yet, that number of our people fall every year in these enlightened United States by tuberculosis alone, and it is scarcely known or heard of except by the sanitarian and the physician.

The Treatment of Sciatica with Strychnine.

Encouraged by the report of Tchawoff at the Second Bulgarian Medical Congress, F. O. Sartsin began to treat sciatica with hypodermic injections of strychnin. The nitrate was employed in doses of 1 mg. to 2 mg. (1-60 gr. to 1-30 gr.) injected into the gluteal region at intervals of one to several days. Nine patients were thus treated; in four the attacks of pain disappeared; three patients were benefited, but not cured, while one patient suffering from sciatica and lancinating pains was relieved of the sciatica but not of the lancinating pains. Sartsin confidently declares strychnin to be the most efficient agent so far recommended against sciatica.—*Am. Med.*, Feb. 5, 1904.

A New Thought on the Administration of Tetanus Antitoxin.

The *Journal of the American Medical Association* for Jan. 30, 1904, contains an editorial reciting Meltzer's experiments on the neuron. He found that if a nerve be ligated at one point and the animal injected with methelene blue the whole nerve becomes stained throughout, but that if the nerve be ligated in two places the intervening portion remains unstained. From this it is inferred that whatever fluids enter the neurons, whether food or poison, enter from the extremities of the neurons and not from the blood vessels coursing along the nerve.

The inefficiency of antitoxin in the curative treatment of tetanus seems to be due to its failure to follow the toxin along the nerve fibres, and hence it does not reach the toxin that is doing the harm.

To be sure that the antitoxin will reach the toxin in a case of tetanus it is suggested that the principal nerve trunk of the ex-

tremity receive the injection of antitoxin, and one case is referred to where this was done after it became apparent that antitoxin administered in the subcutaneous connective tissue was proving ineffectual.

The intraneural route is recommended to further favorable consideration, as is also the intraspinal method of Luckett.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Headache from Nonsuppurative Inflammation of the Accessory Sinuses of the Nose.

Dr. Chas. M. Robertson in the *Journal of the A. M. A.,* March 5th, calls attention to the headache caused by disturbance of air pressure in the accessory sinuses of the nose. The symptoms are those of an empyaemia except the discharge. It is caused by diminution of air pressure in the sinus by closure of its natural orifice. The imprisoned air loses its oxygen from absorption by the blood vessels in the mucous membrane of the cavity. As a result of this absorption the pressure on the mucous membrane is lessened by rarefication of the air contained in the cavity, causing a swelling of the mucous membrane in the sinus. If the opening becomes patent the condition subsides, but in cases where the opening remains closed for some time, the cavity is encroached on by the swelling of the mucous membrane, but the pouring out of lymph in the cavity, and by the engorgement of the mucous membrane itself by lymph. The symptoms vary according to the time the sinus remains closed. The case may present intermittent symptoms, from the occasional opening of the sinus by the contraction of the tissues about the opening. The usual objective signs of empyaemia are absent. Such cases are relieved by treatment of the tissues which are the cause of the trouble. Frequently the thickened tissues about the opening must be removed by surgical means, and this is particularly true when swollen and hypertrophied turbinates are responsible for the trouble.

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

An Inquiry Into the Value of the Irrigation Method as a Means of Aborting and Treating Acute Specific Urethritis.

Orville Horwitz (Proc. Phila. Co. Med. Soc.) says:

Any one with a mind unbiased who will analyze the testimony offered both for and against the irrigation treatment of acute specific urethritis, will, it is believed, feel justified in subscribing to the conclusions which follow:

1. The irrigation method of treatment will not abort acute specific urethritis.

2. It will hasten the terminal stage of the disease which is prolonged and difficult to cure.

3. Chronic urethritis and involvement of the deep sexual organs are common sequences.

4. In many instances, in order to effect a cure in the terminal stage of the disease, the irrigations must be discontinued and other methods of treatment employed.

5. Irrigation should not be employed in the acute stage of specific urethritis.

6. Irrrigation of the deep urethra by means of hydrostatic pressure is injurious in the majority of cases of acute gonorrhea and is conducive to the development of complications.

7. Little or no progress has been made in the treatment of acute urethritis either in aborting the disease, lessening its duration or preventing complication.

A Procedure for the Filling of Bone Cavities.

Prof. G. Fantino and Dr. A. Valan (*Archiv fur Klinische Chirurgie,* 1903,) give the results of a long series of experiments in filling bone cavities at the City Hospital in Bergamo, Italy. They first show that in the heteroplastic method the greater the zoological difference of the animals used the more likely is failure to be met, as first pointed out by Ollier. Preference is therefore

given to autoplastic or homoplastic methods. They discuss the use of ivory, aluminum, nickeled steel, platinum, glass, celluloid and other non-absorbable material only to condemn them because of the almost universal failure. They used gauze, sponge, cotton, silk, catgut and decalcified bone, and none of these substances were found to come up to the reasonable requirements for filling bone cavities. The living bone as used by Senn was better thought of, but they believe the activity of the bone-forming process, when living bone chips are used, depend on the lime salts and not the organic material. Their final conclusion is that calcified bone is of value in filling the bone cavity, the lime being directly appropriated in the forming of new bone. The clinical material on which these experiments have been carried out embraces forty cases with bone cavities resulting from sequestrotomies and tuberculosis. After curetting and irrigating the cavity, sterilization is obtained by filling the cavity with a ten per cent. emulsion of iodoform in gycerine which is brought to the boiling point and there maintained for two minutes by plunging into it a red-hot thermo-cautery iron. The high temperature does no harm to the bony wall and the method has proven efficient.

When simple fragments of calcified bone were made use of to fill the cavity, if absolute asepsis was attained, the results were excellent. The objections to the use of bone fragments are first, they have no antiseptic action on the tissues; and, second, they leave spaces between them which fill with blood and, if any germs are present, the blood-clot acts as a culture medium and the effort fails.

To avoid the leaving of spaces a bone-ash was made by finely powdering the calcified bone. This was also a failure because the bone-ash is absorbed by the young granulation tissue before the osteogenetic process is established. Their next effort was to find some cement-like material, preferably antiseptic, with which the bone-ash can be mixed, which is so slowly penetrated by new tissue that absorption may go on only slowly and not until the new bone production is well advanced.After numerous experiments with various substances they found that a mixture of thymol, one part, and iodoform, two parts, with which an equal quantity of bone-ash is mixed, served their purpose. The thymol and iodoform mixture remains fluid at 75 degrees C. and quickly

hardens at 60 degrees C. Mixed with an equal amount of bone-ash an easily moulded pap is produced which becomes almost stony hard at the body temperature. It was found that this implanted mass is at the beginning surrounded and penetrated by threads of connective tissue in which new fragments of bone develop, which join directly with the implanted material, encapsule it and grow at its expense, making use of the inorganic bone material to form the new bone. In from three to eight months, depending on the size of the cavity to be filled, the implanted material is all absorbed, its place being occupied by newly-formed bone.

The authors lay special stress on the fact that the floor on which this implanted material is laid must be osteogenetic. If absolute asepsis is present the simple calcified bone chips serve an excellent purpose, and the external wound should be accurately closed by means of tier suture. If an aseptic condition is not positive, the bone-ash mixed with thymol and iodoform is the preferable material to employ, because in this way a continuous antiseptic action on the tissues is produced by the gradual breaking up of these compounds into their chemical elements.—B. B. Davis, Omaha.—*Western Med. Review,* Feb. 15, 1904.

Monyhan's Method in Suprapubic Prostatectomy.

Monyhan's method is distinctive in that the prostate is shelled out of its capsule in its entirety together with the prostatic urethra which latter is cut or torn across as it leaves the prostate, as the last step in freeing the gland. Through a suprapubic opening, with a finger as a guide, a small opening is cut with scissors through the mucosa of the bladder at the urethral opening. Two fingers of one hand are now introduced into the rectum and together with the thumb on the perineum the prostate is pushed toward the finger in the bladder. With the finger in the bladder the opening made by the scissors is deepened to the capsule of the prostate and the entire gland enucleated. During the process of enucleation the rent in the bladder mucosa is made to encircle the urethral orifice. After the enucleation is completed until the prostate remains attached only by the urethra, this is severed by scissors at the junction of the prostatic and

membraneous portions and the gland delivered through the suprapubic opening.

After completion of the operation the bladder is thoroughly washed with a mild carbolic solution, a drain placed in the suprapubic wound and the patient put to bed. The after treatment consists in daily flushings with carbolic solution of the bladder through a cather per urethra. At the end of 48 hours the suprapubic drain is removed. At the end of a week a catheter is introduced per urethra and retained. Urine ceases to come through the suprapubic wound about the end of the third week. Monyhan advises that these patients be raised to a sitting posture on the second or third day and be allowed to sit up in a chair a few days thereafter. Twelve cases are reported, with one death.——(*Annals of Surgery,* Jan., 1904.)

(The writer has done the operation once, seven days previous to the present writing, and can testify to the ease and rapidity of the method, and, in so far as one recent case will warrant, to its relative safety as compared with other methods.)

BOOK REVIEWS

International Clinics.—Edited by O. A. J. Kelly, A. M., M. D., Philadelphia, U. S. A. Philadelphia. J. B. Lippincott Company. 1904. Price, Cloth, $2.00 net.

As is well known this is a quarterly containing illustrated clinical lectures and original articles embracing the whole field of medicine. It is equally well known that the editor is assisted in his work by no less than twelve collaborators of note and a host of contributors whose names are familiar to all students of medicine. The book before us is Volume IV, Thirteenth Series. Among the contributors to the present volume may be mentioned, Duckworth and Duncan, of London; Brower, Senn, and Casey Wood, of Chicago; Musser and J. Chalmers; Da Costa, of Philadelphia; Wiggin, of New York, and Davenport, of Boston. Other names of equal note there are to be found in this list, but these are sufficient to enable the prospective buyer to judge of

the character of the book. As to the particular subjects treated we have not the space to name them. Suffice it to say subjects therapeutic, medical, surgical, gynecologic, obstetrical, neurologic, orthopedic, opthalmologic and pathologic are named in the table of contents, and that the papers and lectures based on these various subjects are without exception of practical importance. The illustrations are good; the type, paper, binding and index are satisfactory. It should also be mentioned that this volume contains a good general index which enhances the value of the series not a little. M. F. P.

Morrow on Social Diseases.—The Relation of Social Diseases and Marriage. By Prince A. Morrow, A. M., M. D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College; Surgeon to the City Hospital; Consulting Dermatologist to St. Vincent's Hospital, etc., New York. In one octavo volume of 390 pages. Cloth, $3.00 net. Lea Brothers & Co., Publishers, New York and Philadelphia, 1904.

We wish to compliment the distinguished author, and the publishers as well, upon the production of this interesting book. Its text is something all practitioners should be familiar with. Many are familiar with the problems presented, but many will acknowledge that the problems presented to them were not worked out so well as they would have been had they had the privilege of reading Dr. Morrow's book.

It certainly is a most interesting and entertaining discussion of syphilis and gonorrhoea in their social relations, and should be in the hands of all practitioners for the benefit they will derive from it in the handling of their cases and also because the book is a fine example of the book-makers' art, the paper being unusually good and the type unusually clear. B. Van S.

The Self-Cure of Consumption.—By Chas. H. Stanley Davis, M. D., Ph. D. E. B, Treat & Co., New York, Publishers. Price, 75 cents.

This little book is a plain talk on tuberculosis and its treatment without drugs. At times it is so simply worded that it seems to have been written for the lay public rather than the physician. Questions are discussed at other times, however, which are evidently intended to be used by physicians.

The use of tuberculin is condemned even for diagnostic purposes "on account of the occasional severity of the reaction and the possible danger of aggravating the disease." This will not

agree with the experience of many who are and have been using it not only for diagnosis, but also for treatment in selected cases, with no bad effects in either instance.

The statement that X-ray can give no material aid in the diagnosis of early tuberculosis will also be objected to by those who have had a contrary experience.

The author has imbibed many of the peculiar dietary ideas of Dr. J. H. Kellogg and gives them prominence in the treatment.

B. Van S.

The Practical Care of the Baby.—By Theron Wendell Holmes, M. D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv–158, with 68 illustrations. Extra Cloth, $1.00 net, delivered. Philadelphia, F. A. Davis Company, 1914–14 Cherry Street. Publishers.

This small volume is intended for mothers and nurses principally. It is profusely illustrated and deals with the infant's clothing, its bath, food, etc. Its doctrine is sound.

B. Van S.

The Practical Medicine Series of Year Books.—Comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume II. General Surgery. By John B. Murphy, Professor of Surgery, Northwestern University Medical School. November, 1903. Chicago. The Year Book Publishers, 40 Dearborn Street.

The object of this volume is to give a resume of the progress made in general surgery during the past year. Several of the more important articles are reported in extenso. The price of the volume under consideration is $1.50. The price of the series is $5.50. All things considered, there is no similar publication superior to this.

M. F. P.

MISCELLANEOUS SELECTIONS

A striking illustration of the steady advance in therapeutic methods can be seen by comparing present methods of treating affections of the ear, nose, throat and lungs with those employed ten or twelve years ago. No more than ten years ago constitutional medication was largely depended upon in treating this class of cases. Such local medication as was employed had to be ap-

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV APRIL 1904 No. 4

EDITORIALS

Examination of the Eyes and Ears of School Children.

At the last meeting of the American Medical Association a resolution was adopted by the House of Delegates to the effect that School Boards and all officers of schools be urged to institute examination of the eyes and ears of school children at stated intervals, with a view to determining defects which aside from interfering with the health and convenience of the pupils act as a drawback to educational advancement. Already several State Boards of Health have endorsed the recommendation, and not a few State Boards of Education have followed the suggestion by instituting regular examination of the eyes and ears of children in the public schools.

This is a move in the right direction and one that should be encouraged by every school official as well as the parents of children who attend the public schools. It is a fact well known to teachers that not infrequently pupils suffer from affections of the

eyes or ears which continue unrecognized and uncorrected, to the great detriment of the pupil. In the majority of instances these defects could be remedied if the proper measures were adopted; but as more frequently happens, the parent or guardian either overlooks the defects or fails to recognize them and in consequence they continue without attention.

Occurring more frequently as an unrecognized defect are the various errors of refraction which prevent the pupil from seeing as much as he ought, or at best under such effort and unnatural taxation of the eye as to lead to either inflammatory troubles of the eyes or partial or complete abandonment of the efforts to use the eyes in school work. Many a child with a large error of refraction suffers from weak or inflamed eyes, headaches, blurring of vision, and impairment of the general health when a properly adjusted pair of glasses would correct the defect and permit the pupil to continue school work in health and comfort. Not infrequently a child gets the credit of being stupid and inattentive because he does not progress in school when, if the true facts were known, he does not progress because his defective accommodation either does not allow him to see distinctly, or, if distinctly, under such discomfort that he quickly abandons the effort. The old idea that glasses are only necessary when advancing years causes a loss of accommodation, is very properly dying out as a result of modern teaching and the sometimes startling effects brought about by experience. Children and young adults who have been saved from a life of defective eyesight and discomfort through the use of a pair of properly adjusted glassses, are the best evidences of proof to the ignorant parents that the necessity for wearing glasses is not wholly dependent upon age. It will be a fortunate thing for many a child who suffers from the effects of eye strain if his defect is first detected by his teacher during the tests of eye-sight and hearing which we confidently believe every school will soon adopt as a part of the regular work.

According to the suggestions that have been made by medical men to the school authorities, the teachers are expected to determine the existence of defects of more pronounced nature and acquaint the parents as to the existence of such defects, with the recommendation that the child be taken to a competent physician

for such attention as may be required. While it will be entirely optional with the parent as to whether the suggestion is followed or not, yet it will be an exceedingly negligent and thoughtless parent or guardian who will ignore the suggestion offered.

That the adoption of routine examination of the eyes and ears of school children will have a tendency to raise the standard of education among the masses cannot be questioned. But even if this were not considered, the fact that so many children and young people who are actually suffering from defects which when recognized can be remedied, is ample reason for adoption of the system of school examinations already proposed. We are pleased to know that the State Board of Health for Indiana has recommended for adoption in this state the plan of examination of the eyes and ears of school children already proposed, and that a large number of the School Boards of the state have already adopted the suggestion. This is a move in the right direction and one that should be encouraged by not only the medical profession but the intelligent members of the public who are in sympathy with provisions which add to the health, comfort, and usefulness of the people. We earnestly hope that the School Board for the City of Fort Wayne will not be the last among the progressive School Boards of the state to adopt this plan. A. E. B.

Inefficient Treatment of Nose and Throat Diseases.

There seems to be a generally accepted opinion among the laity that catarrhal diseases of the upper respiratory tract are either incurable or but slightly modified by treatment. That this opinion has gained credence through failure on the part of many to secure relief by treatment is unquestionably true. While the use of numerous proprietary medicines extensively advertised in the public press as curative agents in the treatment of nasal catarrh has, through failure to produce relief, been in a large measure responsible for this feeling that nothing else can produce results, yet no little part has been played by physicians who, with an inadequate knowledge of the exact pathological conditions present as a cause of the nasal catarrh, have brought about distrust in the mind of their patients as to the possibility of securing good results because the ineffectual treatment adopted has left the patient little better than in the beginning of the treatment. It is unfortunate

that a multiplicity of devices for showering the mucous membrane of the upper respiratory tract with medicaments of doubtful value, have been thrown upon the market, and that physicians are ever ready to prescribe these appliances and the medicaments which go with them for the treatment of all forms of catarrhal diseases of the nose or throat irrespective of a consideration of the pathological lesions which may be responsible for the symptoms which bring the patient to the physician. The presence of tumors, hypertrophied turbinates, deviated septums, adenoids, enlarged tonsils, or other obstructive lesions of the nose or throat, the removal of which is imperatively demanded in order to secure results, does not in the majority of instances seem to be taken into consideration. It would seem that the teaching of our rhinologists and laryngologists has been in vain when we note the frequency with which physicians in general practice are inclined to overlook the necessity for a careful examination and proper diagnosis of every so-called case of nasal catarrh or disease of the throat before prescribing for the same. Alkaline douches and soothing oily sprays have their proper uses in the treatment of catarrhal affections of the nose and throat, but except in some of the acute or semi-acute affections, or as post-operative treatment to allay congestion and reduce inflammatory conditions, they seldom are all that is required in the way of treatment. It is a well recognized fact that in this climate the catarrhal affections from which patients usually complain are in a very large measure due to obstructive lesions, the removal of which is indicated as the first step in successful. It is also recognized that in the majority of these conditions a practical cure is affected when proper treatment is instituted. Without a proper diagnosis, however, all treatment is empirical and must of necessity end in failure in the majority of instances. If physicians will make it a point to properly examine and diagnose these cases, and adopt the proper treatment for the same, we will have less cause to hear from the laity that nasal catarrh and catarrh of the throat is incurable. The physician who considers himself incompetent to properly treat these cases should frankly advise his patient to that effect and suggest the importance of consulting someone who is competent to properly treat the affection. By so doing he will accomplish more for

his patient than he will by empirically prescribing an antiseptic douche or oily spray as is so commonly the practice, irrespective of the character of the lesion present. A. E. B.

The Medical Inspection of Schools.

The medical inspection of schools has become so firmly established in most large cities as a necessity that it seems strange all schools in every town, village and hamlet are not provided with some one experienced in contagious and infectious diseases to inspect the schools daily for evidence of communicable diseases. Parents feel a sense of security in towns where it is practiced, and statistics warrant it, for children are not so often exposed to the contraction of dangerous diseases.

This inspection should not be confined to contagious diseases but recommendations should be made, in event of the discovery by the inspector of any trouble, such as errors of refraction, adenoids, etc. Inspectors should have the authority to order quarantine in the case of communicable disease, or at least dismissal from school and disinfection.

The position should be put on a non-political basis.

Why can't Fort Wayne have such officers? B. VAN S.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

History of the Association of the Wabash Railway Surgeons.

BY

C. B. STEMEN, M. D., LL. D.

Fort Wayne, Ind.*

*Published by order of the Association of Wabash Railway Surgeons.

During the early part of the winter of 1881, Dr. J. T. Woods, Toledo, Ohio, who was then chief surgeon of the Wabash Railway east of the Mississippi, made a visit to the City of Fort Wayne, Ind., and at that time it was decided to call a meeting of the surgeons for the purpose of considering the propriety of organizing a railway surgical association. The call was made to

meet at Decatur, Ill., on the 25th of January, 1882. At the time named a large number of surgeons assembled, and, after hearing two able papers read by the chief surgeon, an organization was perfected by electing Dr. J. T. Woods president and the writer secretary and treasurer. The following surgeons were present at the meeting: Dr. J. T. Woods, Toledo, Ohio, chief surgeon; Dr. J. S. Gregg, Fort Wayne, Ind.; Dr. C. B. Stemen, Fort Wayne, Ind.; Dr. W. H. Bell, Logansport, Ind.; Dr. J. C. Hearne, Hannibal, Mo.; Dr. A. L. Elder, Fisher, Ill.; Dr. C. V. Rockwell, Taylorville, Ill.; Dr. John C. Walker, Indianapolis, Ind.; Dr. R. W. McMahan, Quincy, Ill.; Dr. A. D. Coe, Mexico, Ind.; Dr. P. H. Barton, Danville, Ill.; Dr. F. W. Beard, Vincennes, Ind.; Dr. A. H. Shaffer, Huntington, Ind.; Dr. George F. Beasley, Lafayette, Ind.; Dr. W. B. Graham, Noblesville, Ind.; Dr. T. B. Campbell, West Lebanon, Ind.; Dr. Alex J. Mullen, Jr., Michigan City, Ind.; Dr. W. J. Chenoweth and Dr. Cass Chenoweth, Decatur, Ill.; Dr. D. J. Swarts, Butler, Ind.; Dr. Wm. J. Scott, Kokomo, Ind.; Dr. G. W. Parker, Cairo, Ill.; Dr. A. U. Williams, Sullivan, Ill.; Dr. A. T. Darroh, Tolono, Ill.; Dr. N. N. Vance, Bement, Ill. It was voted that the organization should be known as the Surgical Society of the Wabash, St. Louis and Pacific Railway east of the Mississippi river. It was ordered that the paper read by Dr. Woods, together with the proceedings, be published in the *Fort Wayne Journal of the Medical Sciences.*

This was the first railway surgical association ever organized, and it is with great satisfaction and some degree of pride that we can state that this organization has had annual meetings up to the present time. In fact up to the time of the organization of the National Association of Railway Surgeons, (now the International Association) we met semi-annually, so that we have now held in all over thirty meetings of this Association.

At the second meeting, which was held in Fort Wayne, Ind., Dr. Roswell Parks read a very interesting paper on "Extempore Antiseptic Dressings." This was the initial paper on this important subject, and the discussion which followed was very interesting. Some of the surgeons present stated "that there was no bug smaller than a mosquito that they were afraid of;" others thought it all unnecessary to take such careful precautions, and only a very few endorsed the paper. But what changes have

taken place since then. We have been educated on this line, and can now greatly appreciate the able effort of Dr. Parks when presenting to us the technique of antiseptic precautions in surgical practice.

The third meeting was held in Springfield, Ill., in the Senate Chamber, and a very large number of the surgeons were present, and many papers were read and discussed. I have not the time, neither would it be interesting to speak of each meeting held by this Association. I only wish to state that every year, from the time of the organization until the present, the association has held interesting meetings. The time has always been entirely occupied in scientific work. We have no constiution or by-laws, and no question of membership has ever been raised as all the appointed surgeons are members. For a long time the Chief Surgeon was the president, and the members elected a Vice-President and Secretary. When Dr. W. H. Moorehouse became the Chief, he preferred that some of the members be elected to the office of President, and since his request was made the Society has each year selected a President. We have no membership fee, but once in two years the members present contribute a sufficient fund to pay the expenses of the organization, which is but a small amount.

We do not desire to boast, but will say that the surgical association of the Wabash railway has done more scientific work than any other society of which we have any knowledge. Men of great experience in surgery, and men who are cultured in their profession; men who stand high in the healing art are, and have been members of this Association. The members have always taken a deep interest in the scientific work of the Association, and the papers presented have been well prepared and ably discussed, and yet in all these years and the many meetings held and various subjects discussed, not an unpleasant word has been spoken; the discussions have always been dignified, and the conduct of every member has been that of a gentleman.

It has been truthfully stated, and many can vouch for its correctness, that no other surgical society in any country has accomplished greater and better results than this organization, and the object of this short history is to inspire the members to continue in the future as in the past, to contribute papers; to

prepare papers that will be of interest to the general surgeon as well as to those engaged in the special work of railway or accidental surgery. We have accomplished much; t is here we meet and discuss subjects that we have to deal with almost every day, and it is here that we have been educated more than anywhere. Every surgeon who has attended these meetings has been benefitted; better prepared for his work. Surgeons of great experience have contributed to the success of the society by giving to those who have not had so much practice the benefit of their greater advantages. In this way our organization has been of great benefit to all of the members.

When we look at the great number of Railway Surgical Associations in this and other countries we may well feel proud to know that this was the first society of Railway Surgeons organized, although at the time of its organization it was feared that the officers of the company might look with some degree of suspicion, fearing that it might be something like a labor union or that as surgeons we would undertake to dictate to the management in regard to matters not purely surgical. The latter has not been the case, and at present many railway managers are urging the surgeons to organize. I may say that the second railway surgical association organized was that of the Pennsylvania Company, which was on the 18th day of October, 1882. At the last meeting of that society, in September of this year, some of the general officers were present and took an active part in the meeting. At present there are no fears of any conflict with the management.

In the year 1884, Dr. J. W. Jackson, the Chief Surgeon of the Wabash lines west of the Mississippi, introduced the hospital plan, and established a hospital at Kansas City. Dr. W. B. Outten, the Chef Surgeon east of the Mississippi, located a hospital at Danville and Springfield.

In 1885 the two departments east and west of the Mississippi were united, and Dr. J. W. Jackson was made the Chief Surgeon of the entire Wabash system, and established another hospital at Peru, Ind. The hospital plan met with much opposition in Indiana, the legislature passing an act prohibiting railway companies from assessing its employes for the maintenance of hospitals. The act was imperfectly drawn and consequently remained a

dead letter. An effort was made to pass a similar act in Illinois but failed. It was not long, however, until the hospital plan grew in favor with the employes, and is now greatly valued by all who are connected with the service of the Company.

Dr. Jackson remained as Chief Surgeon until the time of his death, which occurred March 13th, 1890. He was greatly beloved by the employes and by the surgeons and officers of the company. Soon after his death Dr. H. W. Morehouse, of Danville, Ill., was appointed Chief Surgeon, a position he has filled ever since to the satisfaction of all connected with the Wabash company. The hospital plan has been carried on successfully and greatly improved under his management, and it is now permanently established and is a great benefit to the unfortunate injured or sick employes, assuring them the best and most skillful treatment that can be afforded.

Dr. Moorehouse has always been very careful and judicious in having the first Railway Surgical Association organized of the different hospitals. The entire surgical department of the Wabash railway is entirely satisfactory to all, and Dr. Morehouse is to be complimented and congratulated on the results achieved.

Certainly the Wabash railway company has a proud position in this, having the first railway Surgical Association organized and maintained successfully to the present; also being one among the first to inaugurate the "Hospital Plan" and carrying it forward amidst organized opposition to where it is now permanently established, admired, and encouraged by all who have any interest in or connection with the company. It has proved satisfactory to employer and employe.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF FEBRUARY 16.—The Society was called to order with President Morgan in the chair. Twenty-eight members and several students and visitors were present. The minutes of the previous meeting read and approved.

Dr. Morgan reported that the case of Caesarian section reported at a previous meeting had made an uneventful recovery. Mother and child in excellent condition.

Dr. M. F. Porter reported a case of osteitis of the malar bone in a child seven months old. There was complete destruction of the bone and resulting ectropion on the side concerned. Family history negative. At the time of examination there was a sinus in the lower lid of the eye, and in the lip and gum margin of the upper jaw. For relief a temporary operation was made consisting of the removal of the malar bone, and later a plastic operation will be made to correct the ectropion. The child has no other osteitis. Commenting on the case Dr. Porter said that osteitis of the bones of the face, barring that due to infection from the teeth and drugs, (phosphorus, mercury, etc.,) is a rare thing. Idiopathic osteitis of the bones of the face is also rare.

Dr. W. P. Whery read a paper on "Medical Legislation," in which he said that most of the laws pertaining to medical affairs deal principally with matters in relation to medical education and registration, sanitation, the sale of patent medicines, etc. He thought that what we needed most was a uniform standard in all the States with reference to the requirements for the practice of medicine, and the measures to be enforced governing matters pertaining to public health and sanitation. He thought there should be reciprocity in relation to medical registration in the various States, but a more satisfactory arrangement would be the establishment of a National board of medical examination and registration. It should be possible for a physician who has complied with reasonable requirements to practice in any portion of the United States without the necessity for re-examination and

re-registration every time a move is made from one State to another. One of the great disadvantages of boards of registration and examination is that they are inclined to assume censorship of the profession in the State, and are too willing to take up the duties of the prosecutor. The advertising of nostrums should be prohibited or at least controlled by suitable legislation. Under the present state of affairs State legislation should be secured through the influence of the State Medical Association. The American Medical Association cannot look after legislation in the various States.

In discussing the paper Dr. W. D. Calvin spoke of the advantages of a preceptor before graduation. During student days counsel and advice of a preceptor counts for but little, as there is no occasion at the time for applying it. He thought that the reciprocity between medical examining boards is up to the present date a farce. He also thought that the examinations given by many of the medical boards of registration and examination are not fair because they are not practical. He believed in State boards but thought they should be divorced from politics in order to be of any use.

Dr. B. Van Sweringen advocated a national board or cabinet officer whose duty it shall be to look after the health of the people of this country. Some of the work now done by the marine hospital service and the census bureau could very properly be done by a national board of health. Such a board could also have entire charge of the medical examination and registration for the United States.

Dr. M. F. Porter said that a national board according to the constitution is not possible, unless the laws of each state be complied with. The solution of the question of a national board means there must be a mutual agreement by the States themselves.

Dr. G. L. Greenawalt said that he believes the medical profession should make an effort to secure a national board such as already mentioned. He commended the action of the American Medical Association in admitting physicians of any school who desire to join the Association and who will disclaim intention to practice any so-called pathy.

Dr. B. P. Weaver said the question of reciprocity is an important one and should be considered by the State Medical Association.

If proper influence is used the boards of the various States will soon find it necessary to adopt a uniform plan whereby reciprocity will be an established fact.

In closing the discussion Dr. Whery said that he believed that all movement toward the securing of medical legislation should have its starting point in the State Medical Association, as such Association is the representative medical body of the State. Through it the State Legislature may be properly influenced.

On motion of Dr. Porter the paper of Dr. Whery was referred to the State Medical Association.

Dr. G. B. M. Bower read a paper on "Scarletina." After reviewing the etiology, smyptomatology, and diagnosis of the disease, Dr. Bower spoke of the various forms of treatment recommended in text-books. He considered that the most important point in the treatment is to place the patient in the best possible condition to resist the complications. The most important treatment is careful nursing. Elimination should be watched, and the patient guarded from the evil effects of injudicious diet and exposure to cold. But little medication is required.

In discussing the paper Dr. S. D. Beavers said that scarlet fever attacks adults about as often as children. Adults do not have the rash so fully developed. In some cases desquamation is not easily found. A physician in attendance on a case of scarlet fever should refuse to attend confinement cases. The nephritis attending or following scarlet fever is one of the gravest complications and one that should be anticipated. He believes that in a large percent of cases one attack gives immunity.

Dr. B. Van Sweringen said that the newspapers had recently announced that the germ of scarlet fever had been discovered, but as yet no official report of the fact had been made. He thought some difficulty might be encountered in diagnosing scarlet fever from German measles. In German measles the eruption is more papular than in scarlet fever. A mistake is frequently made in raising the quarantine too soon. The card should be kept up till the last day the case is contagious. As long as there is the slightest desquamation there is danger of spreading the disease. No statistics on antiseptic ointments but believes them to be a good thing.

Dr. L. P. Drayer said that the etiology of the disease is not known. In six years as health officer he only saw on case of scarlet fever in an adult. Recurrence is much like the recurrence in other infectious diseases. The earlier the child has the disease the more apt it is to have a second attack if exposed. More attention should be paid to the middle ear complications which frequently leave the patient with not only impaired hearing but a chronic suppurative inflammation which may end in intracranial complications. As treatment isolation, rest, plenty of water, and little or no medicine. Good nursing very important. Believes that in the malignant form there must be some factor at work besides that of scarlet fever.

Dr. W. D. Calvin said that in the cases of scarlet fever which he had seen the temperature had not been very high. He has seen six cases in adults, in one of which the patient was forty years of age.

Dr. G. L. Greenawalt said that scarlet fever does occur in adults, as he has seen several cases. Had it himself at the age of 22. He thinks that antiseptic oils are a good thing. He uses sterilized one percent carbolized olive oil. Believes that the middle ear complications take precedence over albuminuria.

Dr. L. P. Drayer says he takes exceptions to the term "scarletinal rheumatism" as mentioned by some writers. Says he thinks it should be called "scarletinal arthritis."

In closing the discussion Dr. Bowers said he had never seen the disease in an adult. Neither has he seen the disease occur twice in the same person. He thinks the scarlet fever tongue is a valuable diagnostic sign.

The water committee appointed to investigate the condition of the city water gave a preliminary report in which it was stated that samples of the city water had been collected and had been put into the hands of Dr. G. W. McCaskey for examination. The committee was continued.

Bills for printing and incidentals were allowed.

Adjourned. J. C. WALLACE, Secy.

MEETING OF MARCH 1.—Called to order by President Morgan with thirty members and guests present. Minutes of previous meeting read and approved.

Dr. M. F. Porter reported a case in which removal of the prostate was performed by Monyhan's method. In this operation a supra pubic cystotomy and removal of the prostate en masse, together with the prostatic urethra, is performed. He reported that it was the first time the operation by Monyhan's method had been performed by him but was favorably impressed with it on account of the comparative slight loss of blood and the ease, in this case at least, with which the prostate was removed. The advantage of the supra pubic route is that you can see what you are doing. Recovery has been uninterrupted.

Dr. Porter also reported a case of post puerperal interstitial abscess of the uterus. Before the operation it was thought that there was a fibroid present, but on operation the tumor proved to be a deep seated abscess. This is the first time in his experience that he has come across such a condition.

In discussing the report of the first case Dr. C. E. Barnett said that a supra pubic wound will not drain so well as a perineal wound, and we are more apt to have infection. He, therefore, prefers perineal prostatectomy.

Dr. E. J. McOscar said that the siphon system of drainage in the supra pubic operation has its advantages. He does not consider perineal prostatectomy surgical and prefers the supra pubic operation.

Dr. Porter in closing the discussion said that it does not take one-half the time to make the supra pubic as it does to make the perineal operation. Drainage by the perineal route is not perfect and has no advantage over the supra pubic. The perineal operation is not surgical.

Dr. E. J. McOscar reported a fatal termination from complications in a case of mastoid disease in which an operation had been performed. The patient, a boy 11 years of age, gave a history of measles with subsequent discharge from the middle ear which continued for five or six weeks, and then terminated in a well marked case of mastoiditis. When first seen the patient presented all the marked symptoms of mastoid involvement. Temperature 104, pulse 130. Marked swelling, pain, and tenderness over the mastoid region. A radical Swartz-Stacke operation was performed, and it was thought that all carious and necrotic tissue was removed. On the morning following the operation the tempera-

ture was nearly normal and remained so until the fourth day when the patient had a severe chill followed by a temperature of 106. At this time there was no pain or tenderness over the mastoid and the wound was entirely free from discharge. A diagnosis of involvement of the lateral sinus was made, but operation discouraged by surgeons who saw the case in consultation. The objection to opening the lateral sinus was that there were not enough symptoms pointing to involvement of the sinus, the diagnosis being made purely upon the development of a chill followed by high temperature. The following morning the temperature was 101, but at noon the patient had another severe chill, followed by rise of temperature to 105 3-5. About this time the patient complained of some slight tenderness over the left hip joint, which was diagnosed by the consulting surgeons as an acute infectious osteomylitis. The patient continued to have marked fluctuations of temperature and daily chills for a week, when well marked symptoms of pyaemic pneumonia set in. The patient finally died four weeks after the original mastoid operation. At the time of death there was a well marked pyaemic abscess over the left hip, and smaller metastatic abscesses on the back, and a marked pyaemic pneumonia. Unfortunately no postmortem examination was secured. Dr. Bulson said that he felt perfectly certain that the patient had a thrombus of the sigmoid sinus, and that the sinus should have been opened and the thrombus removed on the day when the patient had the first chill followed by the very high temperature. He believes that the infection travelled from the sinus to the hip and lungs, and that if an operation had been performed the development of metastatic abscesses and pneumonia might have been prevented.

Dr. M. F. Porter in discussing the case said that he thought Dr. Bulson blamed himself unjustly. At the time he (Dr. Porter) examined the case there was a well marked osteitis of the great trochanter, and there was nothing aside from the chill followed by high temperature, and the fact that there had been infection in the region of the lateral sinus, to indicate that the sinus was involved. So far as could be observed the mastoid operation had been well done and the patient exhibited no discharge from the mastoid wound and no pain or tenderness in any part of the head. There was no tenderness along the line of the jugular

and no eye symptoms. He, therefore, did not feel like encouraging an operation for the removal of a supposed thrombus of the sinus.

Dr. S. H. Havice said that experience has shown that these mastoid cases which develop chill followed by high temperature are invariably complicated by involvement of the sinus, and Dr. Bulson was perfectly right in advocating an operation.

In closing the discussion Dr. Bulson said that he had recently seen a case in which there were no other symptoms than chill followed by high temperature in a mastoid case in which operation upon the sinus disclosed a thrombus. There were no more symptoms to warrant such an operation than had been presented in the case just under discussion. He very much regretted that a postmortem had not been obtained, and was still of the opinion that an operation would have disclosed a well marked thrombus of the sigmoid sinus.

Dr. S. H. Havice read a paper on "Sympathetic Opthalmia." He said that sympathetic ophthalmia usually appears from three to eight weeks after injury to the fellow eye and was most apt to follow injuries which affect the ciliary body. Punctured wounds of the eye-ball, with introduction of infection, perforations from corneal ulcerations, and the cicatricial contraction following certain operations are among the frequent causes of sympathetic opthalmia in the fellow eye. Shrunken and blind stumps are an occasional cause. The disease may develop years after the original injury to the exciting eye, and in one case has been known to develop sixty years after the injury. The exact method of transference from one eye to the other is not thoroughly known. Symptoms of the disease are usually beginning weariness of the sympahizing eye, followed by photophobia, lachrymation, pain, tenderness of the eye-ball and gradual impairment of vision. With the opthalmoscope at first a retinitis is detected, soon followed by cloudiness of the media. If seen early in the development of the disease prompt enucleation of the exciting eye may abort the disease. Treatment of the sympathetic inflammation should be rest, atropine, and hot fomentations. Salicylate of soda in large doses (150 to 175 grains in brandy or water) has been recommended. Mercury seems beneficial in some cases and is best given by inunctions. Iodide of potas

sium and quinine are reported as efficacious in some cases. If the disease is well established prognosis is usually bad. Best results are always secured by enucleation of the exciting eye.

In opening the discussion Dr. A. E. Bulson said that some discrimination should be made between sympathetic irritation and sympathetic inflammation. In the one there is irritation of the sympathizing eye, as evidenced by weariness, photophobia, lachrymation, and perhaps slight blurring of the vision without the presence of exudation or marked signs of inflammation. In the other there are all the evidences of an exudative inflammation, including congestion, tumefaction of the orbital tissues to a more or less extent, and marked diminution of the vision. Sympathetic irritation may come and go for years without ending in sympathetic inflammation, though the first attack of sympathetic irritation may be the first symptom of a rapidly developing inflammation which will end in destruction of the eye. It is the recognition of sympathetic irritation before the development of sympathetic inflammation which results in saving the sympathizing eye if the exciting eye is promptly removed. After the development of sympathetic inflammation, with the presence of exudates in the retina and great impairment of vision, no beneficial results are secured from removal of the exciting eye so far as limiting the sympathetic inflammation is concerned. With the appearance of marked sympathetic irritation in a sympathizing eye, and but slight impairment of vision, in the exciting eye, it sometimes becomes a question as to whether it is advisable to remove the exciting eye even though badly inflamed. Instances are on record where the exciting eye has turned out to possess better vision than the sympathizing eye which became affected. He thought all blind stumps should be removed as they are nearly always irritable and not infrequently cause sympathetic irritation in the fellow eye. Aside from this the patient is better off from a cosmetic standpoint with an artificial eye than with an ugly phthisis bulbi which may be a source of danger.

Dr. E. J. McOscar said that if there was sympathetic irritation present there was also sympathetic inflammation, and, therefore the treatment of the one was treatment for the other. He thought all blind eyes ought to be removed as they are a possible source of danger.

Dr. G. W. McCaskey said, with reference to the etiology of the disease, he thought it might be possible that smypathetic ophthalmia is a result of toxines passing along the channels in the nerve filaments from the exciting eye to the sympathizing eye. He quoted some experiments in which it had been proven that toxines and not the germs produced inflammation. He thought it possible that the inflammation was due to germs which we know nothing about up to the present time.

Dr. Bulson said, in answer to Dr. McOscar, that there certainly was a difference between sympathetic irritation and sympathetic inflammation. Sympathetic irritation is a dangerous symptom and frequently the first indication of an inflammation, but that in many cases it is not followed by inflammation, and cases are known to have had recurring attacks of sympathetic irritation for many years before the actual development of sympathetic inflammation. With reference to the etiology of the disease Dr. Bulson said that there were two theories, one of which is that the germs or their toxines reach the sympathizing eye by traveling along the sheath of the optic nerve. The other, a more plausible theory is that the germs or their toxines reach the sympathizing eye through the circulation or lymphatic system, and that the germs have a peculiar predisposition to affect the eye only. Up to date no other germs have been isolated except the usual cocci accompanying plastic inflammations, such as the streptococcus, pneumococcus, staphlococcus, etc.

In closing the discussion Dr. Havice said that most of these cases come to the specialist too late. One would think that any panophthalmitis in which there is a general purulent inflammation of all the intraocular structures would cause sympathetic ophthalmia, but such is not the case, for such inflammation seems to bind down the tissues and prevent the transmission of germs to the other eye.

Dr. A. H. McBeth exhibited a new instrument for bloodless trachelorraphy. He gives it the name of "cervical tractor and guide." Two needle points are so attached to the hollow shaft of the instrument that the instrument may be readily introduced in to the cervical canal. After introduction the position of the knives may be changed, by means of action on the screw at the end of the shaft, so that they stand at right angles to the shaft and

pierce the cervix, thus not only fixing it but permitting the shaft to be used as a guide for operative procedures. The instrument was presented for inspection of the members.

Dr. G. W. McCaskey made a motion, which was seconded by Dr. A. P. Buchman, that article first of the constitution (name and title of the Society) be amended to read as follows: "The name and title of this organization shall be the Fort Wayne Medical Society; The Medical Society of Allen County." The amendment was placed in writing and the Secretary directed to advise the members as to the proposed change, with instructions to the effect that action would be taken at the next meeting two weeks later.

The following resolution was also presented by Dr. McCaskey and adopted: RESOLVED, That the Allen County Medical Society respectfully ask the Hon. Theodore Roosevelt, President of the United States, to appoint Col. Wm. C. Gorgas as a member of the Panama canal commission. Dr. Gorgas' inestimable service to humanity in stamping yellow fever out of Havana which had been one of its perennial strongholds entitles him to the gratitude of the world, and as he possesses the executive ability and other qualifications necessary for membership on the above named commission, we earnestly urge his appointment." A motion was made and carried that the President and Secretary sign the resolution and forward the same to the President of the United States. Motion was also made that the President and Secretary of the Society communicate with the two United States Senators from Indiana and the representative from the 12th congressional district and urge them to use their influence with the President for an appointment of Colonel Gorgas as a member of the Panama Canal commission.

A motion was also made and carried to the effect that the President and Secretary of the Society communicate with the Indana senators and the representative from the 12th congressional district and urge them to use their influence and vote for the passage of the Brownlow good roads bill.

Adjourned.

J. C. WALLACE, Secy.

The Wabash Railway Surgical Association.

The Surgeons of the Wabash Railway Surgical Association met in the parlors of the Southern Hotel, St. Louis, Mo., December 12th, 1903. Dr. J. S. Rice, the president, called the meeting to order, and after some very appropriate remarks, announced the first paper, "On Rupture of the Kidney with Fracture of the Eleventh and Twelfth Ribs; Depressed Fracture of the Skull and of Left Ulna;" by Dr. Miles F. Porter, Fort Wayne, Ind. In the absence of the Author, the paper was read by Dr. C. B. Stemen. The paper was discussed by Drs. J. P. Hetherington of Logansport, Ind.; J. H. P. Bakerof Salisbury, Mo., and G. R. Highsmith of Carrolton, Mo.

Dr. H. C. Howard of Champaign, Ill., read a paper on "The Treatment of Pneumonia.' The paper was discussed by Dr. C. B. Powell of Albia, Iowa; Dr. Highsmith of Carolton, Mo.

Dr. W. M. Pritchert of Glasgow, Mo., reported "A case of Pneumonia which resulted in deafness." Drs. Campbell, Shaffer, Baker and Rice took part in the discussion of the paper. Dr. Howard closed the discussion.

Dr. C. B. Stemen read a paper on "The History of the Association." Dr. H. W. Moorehouse made some valuable suggestions. A motion was made requesting the Author to include in the paper the history of the "Hospital Plan" and to have the paper published. (The paper appears in this issue of the Journal-Magazine.)

Dr. W. H. Snider read a very interesting paper on "Systematic Vacation for Employees." The paper was discussed by Drs. Moorehouse, Stemen, Highsmith, Shaffer and Dr. Griswold. Dr. Snider closed the discussion. Adjourned until 2 o'clock.

Afternoon Session. Met according to adjournment. Dr. Highsmith read a paper on "The Use of 'Tin Slips' for Splints." Dr. McCandless of St. Louis, was present, and gave a very instructive address on the treatment of fractures. Dr. A. H. Shaffer and Dr. Spillman also discussed the paper. Dr. Highsmith closed the discussion.

The election of officers resulted in the selection of Dr. J. H. P. Baker of Salisbury, Mo., President; Dr. A. H. Shaffer of Huntington, Ind., Vice President; C. B. Stemen of Fort Wayne, Ind., Secretary and Treasurer.

The report of the treasurer was as follows: Dues collected $11.00, expenses $9.00, balance in treasury $2.00.

On motion the Association adjourned to meet on the second Thursday in November, 1904, in the Southern Hotel, St. Louis, Mo.

The surgeons present were: T. L. Putman, Shenandoah, Iowa; C. B. Powell, Albia, Iowa; H. C. Howard, Champaign, Ill.; T. B. Campbell, West Lebanon, Ind.; William E. Webb, Macon, Mo.; M. B. Austin, Brunswick, Mo.; Geo. T. Meacham, Taylorville, Ill.; William Parker, Mt. Sterling, Ill.; S. A. Spillman, Otumwa, Iowa; J. H. Rambo, Glenwodd, Mo.; J. H. Hairgrove, Jacksonville, Ill.; H. C. Young, Bloomfield, Iowa; W. A. McCandless, St. Louis, Mo.; J. H. Cole, Council Bluffs, Iowa; I. U. Parsons, Malvern, Iowa; J. L. Jones, Jonesburg, Mo.; W. M. Pritchett, Glasgow, Mo.; O. B. Williams, Andrews, Ind.; W. W. Brooks, Stanberry, Mo.; John S. Rice, Attica, Ind.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Typhoid Fever.

Taylor, in *London Lancet,* tells us that two factors are necessary to produce an attack of typhoid fever—the seed, or germ, and the soil. Typhoid is essentially a disease of late summer and of early autumn. A fine dry summer followed by a heavy rainfall in the autumn is potent in the production of an epidemic. Meadows, ditches and streams are polluted with alvine discharges, which are washed down by the rains into the larger sources of water-supply. Individual predisposition plays a large part; persons suffering from simple catarrhal affections of the bowels are more readily subject to typhoid than healthy individuals. In England the disease is of a milder type than on the continent, possibly owing to the larger quantity of beer drunk abroad. Relapses are closely related with change of food, and with the admin-

istration of enemeta or purgative towards the end of the febrile period. Recrudescence is a different condition, and is regarded by the author as an abortive attempt at a relapse. They are also most common in those cases in which constipation is a marked feature and where steps are taken to empty the loaded bowels. The consequent increase in peristalsis perhaps liberates new toxines, producing a temporary or abortive febrility. Three symptoms are especially significant of danger: (1) Muscular tremors, which denote intense exhaustion, and are associated with deep ulceration of the intestines. (2) Delirium is a most unfavorable sign, especially when it comes during the day as well as at night. (3) A persistently high evening temperature is also a symptom of gravity. An abrupt fall in temperature suggests hemorrhage or perforation—severe diarrhoea may also produce a similar fall. Given a sudden fall in temperature in the third week of the fever, with a pulse rate falling in ratio to the temperature with diminished tension and dicrotism, and these signs followed by the phenomena of reaction, then we may assume that perforation has taken place, and the person should pass into the surgeon's hands as soon as possible. The author objects to the Widal reaction as an aid in diagnosis, for the following reasons: (a) it may be absent in true cases of typhoid fever; (b) it may be present in cases that are not typhoid; and (c) it is undesirable that the "laboratory" method should always be looked for. Five days of continued remittent fever, even though other symptoms are indefinite, always suggests typhoid fever. In the treatment the diet sheet is the most important factor. The author excludes milk except in small quantities, as it causes such bulky stools, using in its place beer and vegetable bouillon. No intestinal disinfectants should be used, but the best results follow the administration of mercury and chalk, two grains three times each day. It does not produce diarrhoea and obviates constipation.,Diarrhoea —anything over six movements a day—calls for active measures; morphine by mouth or a starch and opium enema. Opium should be more freely used, albuminuria is its chief contraindication.—*New York and Phil. Med. Jour.*

Hourglass Stomach.

Moynihan, in *British Medical Journal,* describes hourglass stomach as that condition in which the stomach is divided into two portions by a constriction at any point between the cardiac and pyloric orifices. As a rule the constriction is near the middle of the organ, or near the pylorus. The isthmus may be indurated or a simple soft tube. Usually the greater curvature is pulled up towards the lesser. The condition is stated to be more often congenital than acquired, but the author is convinced that there is no proof whatever of the existence of an hourglass stomach due to congenital deformity. The causes of the acquired form are: 1. Perigastric adhesions, arising from many causes—commonly ulcer of the stomach or gall-stone diseases. 2. Chronic ulcer, causing hourglass stomach either by a gradual deepening of the ulcer with formation of adhesions or by the contraction and induration due to its healing. Constantly recurring attacks of spasm and the resultant muscular hypertrophy must also play a part. 3. Malignant disease. The symptoms of hourglass stomach may be classified as follows: 1. Woelfler's first sign—the loss of a certain quantity of fluid on washing out the stomach—i. e., passed from the cardiac to the pyloric pouch. 2. Woelfler's second sign—a rush of foul fluid after the stomach has apparently been washed out clean—i. e., regurgitation from the pyloric pouch. 3. Paradoxical dilation—persistence of succussion splash after the stomach has apparently been emptied. 4. Bulging of the left side of the stomach first on distension of the stomach, with subsequent bulgings on the right side. 5. A bubbling, forcing, sizzling sound heard after distension. 6. Difference in resonance before and after distension. 7. Presence of a visible sulcus between the two pouches. 8. Transillumination of the cardiac pouch alone on gastrodiaphany. 9. Bulging caused by the distension of the deglutable rubber of Turck and Hemmeter limited to cardiac pouch.

In conclusion the author reports eighteen cases of hourglass stomach, with the results of operation. As there is often pyloric stenosis simple gastroplasty may be insufficient, and may have to be combined with gastroenterostomy from the pyloric pouch.—*N. Y. Med. Jour. and Phil. Med. Jour.*

Insomnia.

E. Groton, in the *Medical Record,* thinks too much reliance is placed on drug treatment. In sleep there is contraction of the cerebral vessels and dilation of the peripheral vessels throughout the body. There are various hydrotherapeutic measures which will bring this about, but results depend upon a careful technic. In many cases the various methods of treatment should be combined. The warm, full bath before retiring, followed by a hot drink and a hypnotic in moderate dose, is of great value. The head during the bath should be enveloped in a towel wrung out of cold water. The duration of the bath should be from 15 to 25 minutes and the water should be kept at 98. The patient should not be rubbed in drying, as this has an exciting effect. The cold, wet pack is equally efficacious, accompanied by cold to the head and face. The sheet should be wrung out of water at 70. Warm sitz baths at 95, 20 minutes to an hour in duration, exert a distinctly sedative effect. This bath may also be used at 50 to 68, 2 to 5 minutes, with the same effect, when there is no inflammation. The foot bath at either 104 or 54 is beneficial, the bathing being kept up until the feet are intensely red. Paraldehyd is one of the best and safest hypnotics in 2 dram doses, repeated if necessary. An irritable stomach contraindicates its use. Trional is fairly free from unpleasant after-effect. Sulfonal is often depressing. Bromid should be followed the next day by the half bath, this controlling the acne. A smaller dose is effectice if all salt is withdrawn from the food. The insomnia of physical fatigue can sometimes be overcome by a mild stimulent. such as strychnine or ale. A half bath or cold dip often acts like magic. Under no circumstances should a patient be allowed to continue his accustomed work after evening hours.—*Amer. Med.*

Perigastric Adhesions.

Paton, in the *London Lancet,* Feb. 6, 1904, states that post-mortem records show that evidences of an active ulcer of the stomach or scars of old ones are present in about five per cent. of all examinations. As adhesions are present in forty per cent. of such cases, these figures show that gastric adhesions are present in about two per cent. of all persons. Symptoms in connection

with such adhesions arise in very few cases, however. Perigastric adhesions are caused by ulceration of the stomach and duodenum, gall stones in the gall bladder or bile ducts, traumatism, malignant disease, pancreatic disease, umbilical hernia, and possibly tubercle and syphilis. The adhesions are usually to the pancreas or liver. Adhesions to the anterior abdominal wall are very rare. Symptoms due to adhesion arise usually in cases where the attachment is to one of the more mobile organs, which drags on the adhesion. Liver or pancreas adhesions are usually close and broad—those to the colon and gall bladder may be long and cord like. The stomach may be markedly changed or very little altered. The pylorus may be narrowed or the stomach may be nearly divided into two parts. Other effects are dilation by traction or interference with the mobility and power of contraction of the organ. The history of the case is usually a long one, and the symptoms finally complained of have not infrequently been preceded by those which are more characteristic of gastric ulcer or gallstone colic. Pain is the most common and characteristic symptom, and a marked feature is the way it is confined to one locality. t is usually greatly influenced by the position of the patient, but very little by food. Violent exertion often brings on the pain; it is sometimes relieved by firm pressure or bandaging. Local tenderness is usually present. Physical examination as a rule reveals very little, the gastric juice being normal, and there being no evidences of dilation. In conclusion the author gives summaries of forty-two cases of perigastric adhesions, collected from the literature. The treatment consists in verifying the diagnosis by an exploratory incision. If the adhesions are found they should be carefully separated or divided if this is possible. If none are at first detected the stomach should be dragged in various directions, so as to make visible and bands. Any large raw surfaces should be covered with folds of peritoneum if possible. Promotion of visceral movement is the most efficient means of preventing adhesion of raw peritoneal surfaces—movement in bed, general massage, mild laxatives, etc. When the adhesions cannot be separated it may become necessary to perform pyloroplasty or gastrojejunostomy.—*New York Med. Jour. and Phil. Med. Jour.*

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Sodium Cinnamate in Locomotor Ataxia.

Paul Bártholow, in the *N. Y. Med. Jour.*, March 26, 1904, reports the use of 10 per cent. solutions of the above agent in several cases of tabes. Beginning with 20 minnims of the aquous solution the dose was increased to 60 minnims given hypodermically between the scapular on alternate days. The effect of the injections seemed to be to stimulate the appetite and digestion and increase the body weight; to lessen the severity of the fulgerant pains, to lessen the inco-ordination and to stimulate the hope of cure and the mental well being.

The X-Ray in Leukemia and Pseudoleukemia.

Everett J. Brown reports a case of Leukemia symptomatically cured by the X-ray in the *Jour. A. M. A.*, March 26, 1904, and refers to Senn's article in the *N. Y. Med. Record* of August 22, 1903. From July 1 to February 20, the leucocytes gradually decreased from 800,000 to 7,894 and the patient recovered sufficiently to return to work. The skin over the splenic region showed evidence of slight burn.

O. W. Steinwand in the same issue reports a case of pseudoleukemia successfully treated by the ray. The exposures were made 8 inches distant from the enlarged glands of the neck, 15-20 minutes duration. After 10 exposures the treatment was stopped because a burn was apparent. This continued to develop until a large ulcer was left which was skin-grafted and finally healed. After the first few applications a notable increase in the fever was apparent due in the doctor's opinion to the absorption of toxines generated through the ray. The case progressed to recovery although too short a time had elapsed to say whether the recovery was permanent or not. Both are preliminary reports. The exposures in the first case were made not only to the splenic region but to the ends of the long bones as well. There was no lymphatic enlargement.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Mercury in the Treatment of Syphilis of the Eyes.

Wendell Reber, in the *N. Y. Medical News* of March 12th, says that a large proportion of the cases of iritis, choroiditis, keratitis and some affections of the optic nerve and retina are due to syphilis. Since syphilis generally attacks the eye savagely early and vigorous treatment is demanded. Some form of mercury is invariably indicated, the form depending upon the preference of the ophthalmologist. A point which Reber especially calls attention to is that the pilocarpine or sweat cure tremendously assists the efficiency of whatever kind of anti-syphilitic remedies are used.

Treatment of Epistaxis.

Southard, in the December *Pacific Medical Journal,* says that in the treatment of epistaxis we should bear in mind the fact that clinical experience has demonstrated that hemorrhages from the nose, whether following operation or accident, have a tendency to cease spontaneously. In every case the first thing to do is to examine with painstaking care the interior of the nose for the source of the hemorrhage. Upon discovering the bleeding point the erosion should be cauterized with either the electro-cautery or chromic acid. If the appliances are not at hand to carry out such treatment, the next best plan is to try firm pressure over the bleeding point by means of a pledget of absorbent cotton or gauze, which may or may not be saturated with a solution of adrenalin or cocaine. As in many cases the hemorrhage springs from the anterior portion of the septum frequently all that is required to check the bleeding is to place a small pledget of gauze or cotton in the anterior portion of the nasal chamber, and exert firm pressure upon the same with the finger. In a few moments the bleeding stops and for a time at least a renewed attack need

not be expected. Should this fail, ice compresses applied to the nose and back of the neck will sometimes prove efficacious. As a last resort the nose may be plugged post-nasally, and the anterior nares packed with strips of gauze. A safer, more convenient and better method is to use the Simpson intra-nasal tampons which consist of compressed sheets of cotton between layers of thin muslin. The sheets may be cut into any size so that they can be inserted into the nostrils. In a few minutes they expand under moisture in the nose and compress the bleeding points firmly. The following day the tampon can be easily removed.

Acute Tonsilitis.

Dr. Hobart A. Hare recommends 1-200 grain doses of biniodide of mercury in a solution of water every six to eight hours for the purpose of aborting acute tonsilitis.—*Jour. A. M. A.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

To Replace Rubber Gloves.

Dr. J. B. Murphy, *(Jour. A. M. A.)* after considerable experimentation advises coating the surface to be operated upon and the operator's hands, after washing, with a four per cent. solution of gutta-percha in acetone or benzine. The acetone solution is preferred for the operating field and the benzine solution for the operator's hands. The surface preparation consists of five minutes scrubbing with spirits of green soap (5 per cent.) then washing with ether followed by alcohol. The surface is then coated thoroughly with the acetone rubber solution. For the hands: Five to seven minutes' washing with spirits of green soap (5 per cent.) and running hot water; second, three minutes' washing with alcohol; third, after thoroughly drying, the solution is poured on and allowed to dry without rubbing. The fingers

must be kept extended until drying is complete. One application is sufficient for the forearms for the morning's work. The fingers may be coated again if necessary. The solutions are prepared by dissolving pure gutta-percha chips in sterile benzine or acetone. We are told the solutions will not bear boiling but are not told how the sterilization is accomplished. Between operations the hands may be washed and cleansed as if rubber gloves were worn. After the day's work is done the coating is removed by benzine, leaving the hands soft and smooth.

Silver Foil in Brain Surgery.

Dr. M. L. Harris, of Chicago, recommends *(Jour. A. M. A.,* March 19, 1904,) the use of several layers of very thin silver foil to prevent adhesions between the brain and dura in operations on the brain. He thinks it better than rubber tissue, gold foil or egg-membrane.

Strangulated Hernia in a Woman Ninety Years of Age; Operation; Recovery.

Dr. E. F. M. Neave *(Lancet)* reports the case of a woman ninety years of age, who was taken with severe abdominal pain while at stool. On examination she was found to be suffering from a strangulated femoral hernia. All attempts at taxis having failed, operation was performed fifty-two hours after the beginning of the strangulation. The patient made a rapid and uninterrupted recovery, the stitches being removed on the tenth day. —*Medical Progress,* Jan. 1904.

(A case occurring in the writer's practice in line with the above is thought to be worth reporting here. The patient was a woman who on account of mitral regurgitation was unable to lie down. There was general dropsy of marked degree. Under cocaine anesthesia a strangulated inguinal hernia was operated and a radical cure attempted. Recovery was prompt. Whether the hernia was cured or not we are unable to say, as the patient was lost sight of. The operation was done on the woman's sixty-ninth birthday.—Ed.)

Unilateral Hematuria Cured by Decapsulation.

Dr. Leonard Freeman, of Denver, reports *(Annals of Surgery,* March, 1904, a case of unilated hematuria due to chronic nephritis, which was cured by decapsulation.

Treatment After Operation for Appendicitis.

Dr. George S. Brown, of Birmingham, Ala., *(Am. Medicine,* March 19, 1904) advises lavage, a tight binder, opium, plenty of water, and no purgatives until the bowels manifest a disposition to move, as the best treatment after operations for appendicitis. Especially is this line of treatment recommended in pus cases.

Recovery After Operation for Gastric Ulcer.

Musser and Keen report *(Jour. A. M. A.,* March 12, 1904) a case of perforating gastric ulcer occurring in a woman past 70 which recovered after operation. The perforation was stitched and a posterior gastro-enterostomy with a Murphy button done. Patient was put to bed in Fowler's position. The button had not been heard from when the report was written—more than two months after operation.

Sympathectomy in Epilepsy, Glaucoma and Exophthalmic Goiter

Enough success has been attained in the treatment of epilepsy, glaucoma, and exophthalmic goiter by sympathectomy, to warrant this operation in those cases which have resisted other methods of treatment. It will not cure all cases, it will not even materially relieve all cases, but there is ample evidence to prove that it will cure some and relieve others after the usual methods of treatment have failed. S. D. Hopkins recently reported *(N. Y. Med. Jour.,* March 5, 1904,) five cases of epilepsy in which he did bilateral resection of the superior and middle ganglions. One patient has been free from convulsions for 25 months and all others were relieved. Niles, of Salt Lake City, has done this operation *(Medical Sentinel,* Dec., 1903,) six times for glaucoma with more than satisfactory results in four cases. Inasmuch as the operation is safe in experienced hands and is not one of great difficulty it deserves a more extended trial.

BOOK REVIEWS

The Pathogenic Microbes.—By M. Le Dr. P. Jousset, Physician to the Hospital St. Jacques, Paris. Authorized translation by Horace P. Holmes, M. D. 192 pages. Cloth, $1.00. Postage, 8 cents. Philadelphia, Boericke & Tafel, 1903.

This little brochure contains an excellent resume of our knowledge upon the nature and action of pathogenic organisms and the defensive mechanism of the body in dealing with their toxic products. The author is a man of international reputation and the subject is presented in a very readable and pleasing manner. The book is commended to all who desire to know the latest word on this subject. G. W. McC.

Self-Cure of Consumption.—By Chas. H. Stanley Davis, M. D., Ph. D. E. B. Treat & Co., N. Y., Publishers.

Some parts of this book seem to have been written for perusal by the patient and others are evidently written for the physician, so it is rather hard to recommend it to either one or the other class.

Then there are teachings in it which are not in exact accord with the views held by the majority of the profession. For instance, the value of tuberculin as a diagnostic agent is said to be nil and the agent dangerous "on account of the occasional severity of the reaction and the possible danger of aggravating the disease." This shows the author to be unfamiliar with the agent. The X-Rays, he says, can be of no service in the early diagnosis. This also shows that he has not used the rays carefully in these cases or he would be surprised to find how often they corroborate and substantiate other findings.

Some one has said that all music is good but some is better than others and so we might say of writings on tuberculosis.

B. Van S.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.—By Prof. Dr. Carl von Noorden, Physician in Chief to the City Hospital, Frankfort A. M. Authorized American Edition Translated Under the Directions of Boardman Reed, M. D., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia, Etc. Part IV. The Acid Autointoxications, by Prof. Dr. Carl von Noorden and Dr. Mohr. New York, E. B. Treat & Co. 1903.

The name of von Noorden is a sufficient guarantee that anything said upon any topic connected with internal medicine will be at least suggestive. This little volume fully meets one's expectations. It is interesting to note that he deals only with metabolic products, thus limiting the term autointoxication within narrower bounds than usually indicated by Buchard and his pupils. The book is very well written and every page of it will repay perusal. G. W. McC.

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, Etc. Assisted by H. R. M. Landis, M. D., Assistant Physician to the Medical Dispensary of the Jefferson Medical College Hospital; Member of the Staff of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis. Volume IV. December, 1903. Diseases of the Digestive Tract and Allied Organs; Liver, Pancreas and Peritoneum-Anaesthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities and Orthopedics—Genito-Urinary Diseases—Diseases of the Kidneys—Physiology—Hygiene—Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York. 1903.

This volume of *Progressive Medicine* contains the usual excellent series of articles upon the digestive tract, anaesthetics, fractures, etc., genito-urinary diseases and diseases of the kidneys, physiology and hygiene and closes with what is termed a practical therapeutic referendum in which the more important of the newer therapeutic changes and procedures are given a very careful consideration. These articles are all by men of eminence in their various departments and reflect the progress of medicine in those departments in a satisfactory manner. These resumes of current literature, in which the most important contributions are selected and epitomized, have become essential to the busy practitioner and *Progressive Medicine* is one of the best of its kind.

The excellent mechanical execution of the volumes makes it a pleasure to consult them as is true of most of the volumes emanating from this well known house. G. W. McC.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S. M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV MAY 1904 No. 5

EDITORIALS

Appointment of Examiners by State Medical Association.

The general assembly conferred upon the State Dental Association the power to appoint three members of the State Board of Dental Examiners. One Overshiner brought suit with a view to showing that the general assembly was not warranted in conferring this power on the association. The Supreme court of Indiana held that the general assembly did not overstep its authority in conferring the power of appointment on the State Dental Association. Indeed, the court held that the interests of both the people and the dental profession were peculiarly safeguarded by having the appointments on the examining board made in this way.

Why should not the Indiana State Medical Association have the power conferred upon it to appoint three members of the Indiana State Board of Examination and Registration? Is there any question but that the appointees of the State associa-

tion would be representative medical men, free from partisan bias or influence, whose sole and only object would be to elevate the professional standard in the state and protect the public from the unqualified and unscrupulous medical and surgical pretenders? We take it that the answer to this question is unquestionably, no. Why has not this association had this right conferred upon it? If to confer the apointing power upon the Dental association was, as is held by the court, an act of wisdom on the part of the general assembly, would it not be equally wise for it to confer a like power upon the Medical association? The best interests of all concerned demand that the Indiana State Medical Assocation should have the power of appointing at least three members of the examining and licensing board, and a request to the general assembly that this power be given the association should be presented at the next meeting of the assembly.

M. F. P.

Consumptives May Not Teach.

Hereafter no one afflicted with tuberculosis may be employed to teach in the public schools of Indiana. So says the Indiana State Board of Health, and it has said wisely. According to the investigations of the board there are in the state now 250 teachers in the public schools who have tuberculosis. That the employment of these teachers unnecessarily jeopardizes the lives and health of the pupils can not be questioned. That the enforcement of the law will work many hardships can not be gainsaid, but the interests of the individual must be subservient to the interests of the many; hence we repeat, the board said wisely, and should have the backing of public sentiment.

M. F. P.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*A Clinical Lecture.—Double Dermoid of the Ovaries with Torsion of the Pedicle of the Left—Celiotomy.**

BY

MILES F. PORTER, M. D.

Professor of Surgery and Clinical Surgery in the Fort Wayne College of Medicine.

Gentlemen: The patient we bring before you today is Miss L. S., an inmate of the institution, belonging to the higher grade, and upon whose statement Dr. Dancer, the resident physician, tells us we may rely.

From the history sheet I learn that she is 29 years old; that she came into the hospital six days ago suffering with pain in the lower abdomen so severe as to require morphine on several occasions; that upon examination Dr. Dancer found much abdominal tenderness, but that no tumor was noticed until two days ago; that her temperature has been practically normal, reaching 100° F. on one occasion, and 101° F. two days ago, and her pulse from 72 to 114 per minute; that she is now menstruating; that her menstrual periods have been regular, lasting about five days. As I have not examined the case myself we will proceed to study it together. You will note that she is rather poorly nourished, somewhat anemic and has a facial expression indicating pain. Uncovering the abdomen we note on inspection a well pronounced tumor in the lower left quadrant, but nothing else unusual. Palpation reveals tenderness of the lower abdomen, with muscular rigidity, both phenomena being especially marked in the region of the tumor. The tumor is spherical in outline and but slightly movable. This lack of mobility may be due to the rigidity of the abdomen. In the lower half of the tumor I can detect fluctuation, but not in the upper. Percussion shows dullness over the tumor, with the colon to the outside of it. I will now examine bimanually. The hymen is intact, the cervix that of a virgin, no softening as in pregnancy and no laceration from former pregnancies. To the right of the uterus I find

*Delivered at the Hospital of the Indiana School for Feeble-Minded Youth, April 3, 1904.

a movable elastic tumor the size of a lemon, which is, I think, a cyst of the right ovary. I can not make out the left ovary, nor can I detect any connection between the tumor on the left and the uterus, but you must remember that on account of the tenderness and rigidity that examination is not entirely satisfactory.

Now, what kind of a tumor have we here to the left? Fibroid of the uterus may be ruled out becauseI can detect no connection between the uterus and the tumor. A pedunculated fibroid might occupy the position this tumor does, but it would be unusual. Again, as we have seen, this tumor fluctuates in its lower half, *i. e.*, it is cystic.

Some one asks if it may not be a spleen. We will see if by percussion we can make out the spleen in the normal position. Listen and you can hear plainly the normal splenic dullness. Then, too, if this were a spleen we ought to be able to move it toward its normal position, which we can not do. It is not a diseased and displaced kidney, because we found the colon to the outside of it, whereas, if it were a kidney neoplasm it would be behind the colon. Then, too, kidney tumors are very generally kidney-shaped, while this is spherical. Again, there have been no symptoms referable to the urinary organs.

I will inquire further into the previous history. You heard the questions and the answers. She says she had an attack similar to the present one about two years ago, at which time a tumor appeared in the abdomen and disappeared as the pain, etc., subsided, but that since then she has frequently had pain in the left side low down.

My diagnosis in this case is double ovarian cystoma, with torsion of the pedicle of the left. It is not uncommon for patients to remain entirely ignorant of the fact that they have a tumor of the ovary until a twist of the pedicle occurs, producing pain, more or less shock, and, in many cases, vomiting. These symptoms result in an examination which reveals a tumor. This sudden appearance of the tumor where none was known to exist before, or the rapid growth of a tumor known to exist, is the common history in cases of torsion of the pedicle of ovarian cysts. It is explained by the fact that the outer side of the pedicle carrying the veins is thin, while the inner side carrying the principal arterial supply is thick; therefore, when twisting occurs the veins

are shut while the arteries remain open, with the result that the blood is pumped into the tumor, but cannot get out, and hence the increase in size of the tumor. Torsion of the pedicle would account through peritoneal irritation for the tenderness and rigidity noted in this case.

I advise in this case immediate celiotomy. I shall not be very greatly chagrined if I find my diagnosis incorrect, for I have long since learned that the best surgeons can make much more accurate diagnoses in cases similar to this after the belly is opened than they can before it is opened. As to the propriety of opening the abdomen in this case there can be no doubt. Dr. Dancer informs me that the patient has been prepared for operation, but unfortunately I did not bring my instruments with me, as I was not aware that the case was one likely to need an operation. I will therefore ask you to meet me here in the morning at 10 o'clock for the purpose of witnessing the operation.

Now that the patient is anesthetized you see that the tumor is quite movable, especially from side to side. In the downward direction it can be moved until the pelvis stops it, while in attempting to move it upward we meet with a resistance which seems due to a pelvic attachment. The fluctuation now is also much more distinct, though still absent or obscure in the upper part of the tumor. A bimanual examination would be interesting, but I do not feel warranted in using the time it would take to make it, and then prepare my hands again for the operation. So I will proceed. I am down to the peritoneum. Note its peculiar slate color. It is not very marked, but quite appreciable and indicates blood in the cavity. As I cut the peritoneum you see the bloody serum run out. Here is the cyst of the right ovary, which we proceed to remove, as it will increase our room a little. It is not adherent and is easily delivered. After cutting the pedicle we make sure our ligature is tight enough, then drop it. The larger tumor as you see is dark in color, as is the rule in cysts with twisted pedicles. It is unusually adherent, but the adhesions are not firm. We must be caareful, however, with the bowel adhesions. Now I am able to deliver the tumor. Here is the pedicle which, as you see, is twisted. You will notice that there is one complete twist to the left. Having untwisted the pedicle, we place the ligature on the uterine side of the construction produced by the twist and having

tied it, we divide it and drop the stump with the same precaution taken with the other side. We will now close the abdomen in the usual way, using layer sutures of dry sterilized plain catgut for the peritoneum and fascia and adhesive plaster for the skin. No drainage is necessary. The abdomen being closed, we will apply the usual dressing of plain sterile gauze and cotton secured by adhesive strips.

Let us now examine the tumors. Notice the thin outer side of this pedicle and the thicker inner side. The former carrying the veins, the latter the principal arterial supply. You see the upper half of the cyst wall is thick and dark cherry red in color. The color is due to extravasation of blood within the substance of the wall. This, too, has so increased the thickness of the wall as to account for the fact that we could detect no fluctuation in this part of the cyst. The lower part of the tumor is more of a slate color, due to extravasation of blood within the cyst cavity. The wall here being thin enough to permit the color to show through, just as a superficial vein when seen filled with blood through the skin, looks blue or slate colored. The thin wall here permitted us to detect the fluctuation in this part of the tumor before we opened the abdomen. Ah! It is a dermoid, as we know by this sebacious material, and here you see also a large bunch of hair. Dermoids are known to be peculiarly likely to become twisted on their pedicles, but this is the first one I have ever had in which this accident has occurred.

The little tumor as you see is transparent throughout the greater part of it, but as you see here are some smaller cavities with thicker walls and less clear fluid within, and here is a tiny cavity containing a few drops of sebaceous material and a few fine hairs. I want to call your attention again to the fact that we had here a sinistro-spiral twist occurring in a left-sided tumor. According to Freund's law in left-sided tumors the twist when it occurs should be dextro-spiral, and vice versa. This being based upon the old theory of Goodsir and Fischer, that all organisms grow in a spiral direction.

Note—On the tenth day after the operation I learned through Dr. Dancer that the patient had been free from pain since the operation and was making an ideal recovery.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF MARCH 15.—Society was called to order by President E. E. Morgan, with thirty-five members and visitors present. Minutes of the last meeting read and approved.

Dr. J. S. Boyers presented a paper on "How to Conduct a Case of Labor," in which he gave his personal observations and methods. He said he thought pregnant women should be encouraged to consult their obstetrician several weeks prior to labor, with a view to having an examination to note progress of the case and receive instructions as to care. Thought that the urine should be repeatedly examined during pregnancy, and the patient given instructions with reference to clothing, diet, exercise, etc. When called upon to attend a case of labor the preparation of the patient. the surgeon's hands, the instruments, the dressings, etc., should be along lines laid down in surgical practice, aseptic precautions being observed as near as possible. Thinks that few vaginal examinations should be made, as it is possible to determine the position of the foetus by external manipulation, aided by a single or at most two vaginal examinations. Thinks that laceration of the perineum can be preventd in a great many instances by the support rendered by the hand while the head of the foetus is passing through the vulva. Thinks that there is too much haste in cutting the cord, and believes that ten or twenty minutes should elapse before the cord is cut, as this gives the uterus time to regain tone and the child time to obtain more blood. Always uses a double ligature with a surgeon's knot on the side next to the child, and has never had any hemorrhage from the cord except in one case where the cord was very thick. The child should be laid on the right side in order to assist the heart action. The dorsal position of the woman after delivery is preferable. Advises the use of ergot, quinine or strychnine, and pressure and kneading of the fundus to insure firm contraction of the uterus. Advises the use of a fairly tight abdominal bandage with pad over the uterus. Does not think any physician should leave the house under an hour following a favorable case of labor, and in severe cases

the physician should remain even longer. From twelve to eighteen hours after labor castor oil can be safely and in most cases beneficially administered, and in large doses. The length of time which the patient should lie in bed after labor varies with the case and complications encountered. Uses olive oil as a preliminary wash for the baby. The eyes are first washed with oil and then with a saturated solution of boracic acid. If the mother's breasts are caked, strapping should not be employed, but the breasts should be suspended with soft cheese cloth. Efforts to revive an apparently dead child should be continued for one-half hour or more, using artificial respiration, cold water douching, and other means to induce breathing. In eclampsia the child should be delivered speedily and the mother bled almost to syncope. Veratrum viride will answer the purposes of bleeding in some cases of eclampsia. The eclamptic convulsions should be controlled with chloroform. Concluding, the essayist said that most cases of labor are hurried too much. Patience and good judgment should always be backed by well established surgical asepsis and antisepsis. Hygienic surroundings and good nursing will go a long way to insure safe delivery and recovery.

Dr. E. E. Morgan opened the discussion by saying that many cases of labor are not seen until after the development of labor pains and consequently all preparations in such cases must be of a hurried nature. This, however, does not excuse any physician for carelessness in either aseptic or antiseptic technique. When the mother is seen early in the history of pregnancy much can be done to make her condition more comfortable and the prospects of a successful delivery easier by advising her as to hygienic conditions, diet, clothing, baths, social conditions, etc. Believes that every pregnant woman should have the clothing suspended from the shoulders only. Thinks that laceration of the perineum is sometimes prevented by pressure of the hand over the perineum during the progress of labor, but many cases will present a lacerated perineum following the delivery in spite of any precautions that have been followed. Thinks the perineum should always be inspected for possible tears before the physician leaves the house. During the second stage, when there is pain over the sacrum, relief will be obtained if firm pressure is exerted over the sacrum. Cramps in the calves of the legs, so frequently complained of by women during labor, are broken up by flexing the feet and tiring

the muscles out. Caesarian section is warranted in central implantation of the placenta.

Dr. A. E. Bulson, Jr.,said that if there is a suspicion of gonorrheal discharge from the mother, Crede's method of caring for the eyes of the baby should be followed. This consists in dropping into the cul de sac of the baby's eyes a drop or two of a 2 per cent. solution of nitrate of silver. A less irritating and equally as efficient silver salt is argyrol, which may be used in the eyes in a 25 per cent. solution. At the seventh or eighth month of pregnancy uremic retinitis is apt to occur. It develops with temporary impairment of vision, or, in well marked cases, temporary total loss of vision accompanied by headache and sometimes nausea. The development of impaired vision should be considered an ominous sign and be followed by the use of diaphoretics, diuretics, laxatives and hot baths. The urine should be carefully examined, and an ophthalmoscopic examination of the retina will give valuable indications as to the extent of any albumenuria that may exist. With the development of a persistent retinitis, and particularly if of an albumenuric nature, the question of bringing on premature labor becomes one of vital importance. With the possibility of loss of both mother and child if the labor is permitted to continue to term, it seems better policy to bring on premature labor and save the life of the mother which is a known factor rather than jeopardize her interests by attempting to also save the life of the child, an unknown factor, by allowing the labor to go to term.

Dr. B. Van Sweringen said that he did not believe any particular good was accomplished by supporting the perineum. The best way to save the perineum is to have the head delivered by its smallest diameter. Believes that the first examination should be sufficintly thorough to establish a definite idea as to the position of the foetus, and then repeated subsequent vaginal examinations will not be required. The position of the child will be better determined, and the necessity for frequent vaginal examinations will be lessened, if the physician employs abdominal palpation. He favors the elastic ligature for the cord because it can be made perfectly sterile and its use has not in his experience been followed by any bleeding.

Dr. E. J. McOscar said that the relief of pain in the early stage of labor is of advantage because it saves the strength of the

mother. Thinks that vaginal examinations are less apt to be attended by introduction of infection if sterile rubber cots are placed over the fingers employed in the examination. He believes that every case of labor should have the benefit of anaesthesia which saves the mother from unnecessary pain.

Dr. M. F. Porter said that at the present time he preferred to take labor cases to the hospital whenever possible to do so. He then prepares the woman as he would for an operation. He does not believe that efforts to save the perineum have much effect, for in many cases the perineum will be lacerated no matter what precautions are observed. He believes that the physicians who claim that they do not have any lacerated perinei either lie about the matter or do not examine their cases sufficiently after labor or they would find many lacerations. In his opinion nine out of every ten primiparas are torn, and if the physician will take the trouble to look for lacerations and not depend upon the sense of touch to ascertain whether or not there is a laceration, the truth of this statement will be borne out. In his judgment the washing of babies' eyes is a bad practice, and the employment of Crede's method is still worse. He believes that the conjunctiva is capable of taking care of the infection better if not irritated with antiseptic solutions.

Dr. A. P. Buchman said that he believed that more perinei are ruptured by the shoulders of the child than by the head. He, therefore, believes that some lacerations can be prevented if more care is exercised in the delivery of the shoulders. He does not believe that it is proper or right to deliver a woman without cover. He believes that the fingers should be the eyes that see, and all the sight that is necessary for successful delivery if the attending physician is sufficiently competent. If the pulse is 100 or more after delivery it is well to look for hemorrhage. Until the pulse is practically normal it is not safe for the physician to leave the house. He would not use castor oil before or after labor, but prefers cleansing the colon with a sterile salt solution. The perineum can be saved by holding back the head between pains. This relieves the tension upon the already distended perineum.

Dr. W. D. Calvin said that he favors delivery with the patient lying on the side rather than on the back. In this position the condition of the perineum and amount of stretching can be better observed.

Dr. B. P. Weaver said that the placenta should always be examined after delivery with a view to making sure that none of it had been left within the uterus. Said that hot towels applied to the perineum very greatly assists in producing relaxation and the prevention of laceration.

Dr. G. L. Greenawalt said that he recalled Dr. Goodale's expression that "meddlesome midwifery is bad." Therefore, in the majority of cases it is better to allow the labor to progress uninterruptedly until indications warrant some sort of interference. Every child's eyes ought to be cleansed, but the cleansing should be done externally first with a view to removing sources of infection that might otherwise be carried into the eyes.

Dr. A. E. Bulson, in reply to Dr. Porter, said that to condemn Crede's method, or any other method which had as its object the neutralizing of infectious material in the eyes of the new born babe, is vicious teaching, and the practice of that teaching has already resulted in filling our blind asylums with people whose vision might have been saved had Crede's method or some other equally as good been employed. He said that statistics prove beyond question the value of Crede's method, and there is not a regularly established maternity hospital in the world, so far as known, in which Crede's or a similar method is not regularly practiced, and with scarcely any percentage of loss of eye-sight as compared to the frightful loss occurring in the maternity hospitals before Crede's method was adopted. Furthermore, it cannot be said that Crede's method is attended by the least harm, and, therefore, it should be the duty to employ the treatment in all suspected cases for the good it may accomplish in the prevention of opthalmia neonatorum.

In closing the discussion Dr. Boyers said that he used chloroform simply to blunt the pain, but does not give it to such an extent that the expulsive effect of the pains is aborted. Agrees with some of the speakers that lacerated perinei should be repaired at once. Does not believe that immediate removal of the placenta is good practice, but waits fully twenty minutes after delivery before attetmpting removal, then assists the removal by gently kneading the fundus of the uterus.

Dr. Jessie Carrithers Calvin read a paper on "The After-Effects of Anaesthetics." She said that many patients dread the anaesthetics more than the operation. From personal experience

she could well sympathize with most patients in this feeling. The sensation of suffocation which occurs early in the progress of the anaesthesia, is soon over, but the nausea, vomiting, and intense thirst upon awakening does not leave for hours, and in some cases for days, during which time the patient is thoroughly miserable. Says she thinks that these patients should be given water after the anaesthesia if it relieves the strain of vomiting. Has never understood why these patients should not be permitted to take water when they have such a craving for it. Believes that vomiting is increased in some instances by suggestions from attendants who are not particular about bringing to mind these unfavorable and distressing symptoms. She concluded her paper with a plea for more attention to efforts to relieve the disagreeable after-effects of a general anaesthetic.

Dr. B. Van Sweringen, in opening the discussion, said that the preparation of the patient for anaesthesia should be placed in the hands of the anaesthetist more frequently than it is at the present time. It has been the custom to advise all patients who are to take a general anaesthetic not to take water or food, because it induces vomiting during the progress of anaesthesia. While the presence of food in the stomach will invariably excite vomiting during the progress of the anaesthesia, he does not believe that the presence of water in the stomach has the same effect. You can give water before hand in large quantities—in fact, sufficient to thoroughly saturate the patient—and when this is done there is not much craving for water after coming out from under the effects of the anaesthetic. However, the post-anaesthetic thirst does not last more than twenty-four hours, and most patients are willing to put up with it for that length of time, and, in fact, do not complain much about it. Thinks that patients should be given small quantities of water to relieve in a measure the post-operative thirst.

Dr. C. B. Stemen said that it had been his practice to give the patient about a pint of very hot water to relieve the post-operative thirst, and following this to give the patient all the cool water he desires. Since adopting this practice vomiting has been less, and when it does occur is less straining to the patient, and the craving for water is satisfied.

Dr. M. F. Porter said that he did not keep water from his patients following anaesthesia, but allowed them to have it within

an hour or so after recovery of consciousness. He thought it very important that the patient be kept quiet during the first few hours following the giving of a general anaesthetic, for the reason that the patient becomes easier nauseated upon moving.

Dr. E. J. McOscar said that the inhalation of the vapor of vinegar, as practiced in some hospitals, had served him well in some cases to relieve nausea and vomiting following the administration of a general anaesthetic. He sees no advantage in withholding water from these patients, for they are sick without water, and sick with the water, and if there is water in the stomach to be vomited the tendency to strain is much reduced. Furthermore, the giving of water satisfies the patient without making his condition any worse, even though he does not retain it long in the stomach.

The discussion was closed by Dr. Calvin, who said she was pleased to know that some of the physicians were changing their views regarding the administration of water to relieve post-anaesthetic thirst. She thought it a move in the right direction and certainly in the direction of securing great relief and comfort for these patients.

The amendment to the constitution to change the name of the society came up for final action, and upon roll call the amendment passed by two-thirds vote. The official name of the society according to the amended constitution is "The Fort Wayne Medical Society (The Medical Society of Allen County.)"

On motion the secretary was directed to call a special session of the society for the purpose of hearing the report of the society's committee appointed to investigate the condition of the city water. The secretary was also directed to invite the mayor, board of waterworks trustees, members of the common council, and the public to attend such meeting.

Dr. Jessie Carrithers Calvin was unanimously elected vice president of the society to fill the vacancy created by the death of Dr. A. E. Van Buskirk.

Adjourned.

J. C. Wallace, Sec'y.

NEWS NOTES *and* COMMENTS

Commencement Exercises, Fort Wayne College of Medicine.

The Silver jubilee of the Fort Wayne College of Medicine was celebrated on Tuesday night, April 19th, first in the annual commencement exercises of the college, held in the Temple theater, and secondly by a banquet which the faculty, alumni and friends enjoyed at the Wayne hotel. The graduating class consisted of C. G. Beall, O. P. Franks, L. N. Geisinger, M. E. Klinger and C. Sellers. Seated on the stage at the Temple theater during the commencement exercises were the majority of the members of the faculty, members of the board of trustees, the Rev. LeRoy Belt, president of the Northern Ohio University, with which the Fort Wayne College of Medicine has but recently affiliated, the graduating class and the Rev. D. H. Loux, who made the opening prayer. Reineke's full orchestra furnished the music.

As the Fort Wayne College of Medicine has but recently become the medical department of the Northern Ohio University at Ada, Ohio, Rev. Belt, president of the latter institution, was called upon to say something with reference to the union. Mr. Belt said that the trustees of the Northern Ohio University had long felt that a medical department should be added to the institution in order to broaden the educational advantages which the university offers. As there were difficulties to be encountered in the establishment of a medical department in the town where the university is located, it was thought best to select an established medical school unaffiliated with any other institution and make it the medical department of the university. After due investigation the trustees had determined that the Fort Wayne College of Medicine was a medical school which from professional standing, equipment, length of courses, and character of work done, was worthy of being accepted as the medical department of the university. A proposition to the faculty that the Fort Wayne College of Medicine be made the medical department of the university having been duly considered and accepted by both parties concerned, Rev. Belt said that he considered the union

advantageous to both institutions and a fitting celebration of the twenty-fifth anniversary of the Fort Wayne College of Medicine.

Mr. Chas. McCulloch made a speech on behalf of the Board of Trustees, which was largely reminiscent and pertained to early history of the Fort Wayne College of Medicine. Mr. McCulloch said that when he was elected a trustee of the college twenty-five years ago he little thought that the institution would exist for any considerable length of time, or that he would continue to act as a trustee any longer than one year. He recalled the trials and tribulations encountered in the early history of the college, and paid the Dean, Doctor C. B. Stemen, a deserving compliment by saying that but for the Dean's indefatiguable energy and enterprise the institution would not have lived through some of the stormy years of its early life.

Mr. McCulloch said that he was proud of the distinction of being a trustee of an institution that had made a commendable record for itself in furthering the progress of scientific medicine. He further said that he believed Fort Wayne has, in proportion to its population, as many learned and distinguished physicians, surgeons and specialists as any city in the land, and no one need go elsewhere for medical advice, or for medical and surgical assistance. The high standard established and maintained both at home and abroad by the physicians of Fort Wayne has in no inconsiderable degree been due to the Fort Wayne College of Medicine, which as an educational institution worthy of rank among other institutions of its kind, has required its teachers to be constantly studious and progressive.

Dr. C. B. Stemen, the venerable Dean of the college, delivered the valedictory address for the class in eloquent and flowing speech. He gave a short history of the college from the time of its organization up to the present, and said that the aim of all those connected with the institution had constantly been to elevate the standard of medical and surgical science, and to prepare the young men and women who attend the school to become successful practitioners in their chosen profession. During the twenty-five years that the college has been in existence the standard of requirements has never been lowered, but has constantly been on the increase. The college was one of the first to adopt the three years' graded course, and was the second college in the

United States to ask for and adopt a four years' graded course. Dr. Stemen's address to the class was a noble appeal to the finer ambitions, for the great and unceasing research for industry, and for general culture. He said that a great mistake made by many young men is that they do not put a correct estimate on real manhood. They long for wealth, or position, or office, and fall short of forming the greatest force in life through lack of character. "If you have a good character, fixed moral principles, you are safe," said the Dean, "and having a mental training sufficient, and young in years, you have a bright future before you. Let us aim at the highest distinction in our profession, cherish a worthy ambition to climb the loftiest heights of skill and possible attainments, and tread the uncrowded paths where in all professions great men are few and stand apart."

The alumni banquet immediately following the graduation exercises was held at the Wayne hotel, where covers were laid for 150. The menu was served in eight courses, and during its discussion music was furnished by Reineke's orchestra. Dr. A. P. Buchman proved a very efficient toastmaster and introduced in succession the following alumni and members of the faculty for appropriate responses: Dr. Clarence White, of Grand Rapids, Mich.; Dr. J. L. Gilbert, of Kendallville, Ind.; Dr. Maurice Rosenthal, Mr. C. A. Spaulding, Dr. Chas. R. Dancer, Mr. Carl Yaple, Dr. M. F. Klinger, Dr. Mary A. Whery, Dr. K. K. Wheelock, Mr. N. D. Doughman and Dr. B. Van Sweringen, of Fort Wayne.

The alumni meeting held Tuesday afternoon in the ampitheater of the college building was well attended. Papers were read by Dr. Clarence White, of Grand Rapids, Mich., and Dr. Alice Williams, of Columbia City, Ind. The following officers were elected: President, Dr. C. E. Dancer, Fort Wayne; First Vice President, Dr. Kohn, of Cavitt, Ohio; Second Vice President, Dr. Wilson, of Berne, Ind.; Secretary, E. M. Van Buskirk, Fort Wayne; Treasurer, B. W. Rhamey, Fort Wayne; Historian. Dr. Chas. Beall, Fort Wayne.

On Reporting Tuberculosis.

The following resolution was recently passed by the Wayne County Medical Society, at Richmond, Ind.:

Whereas, The fearful prevalence and high mortality from tuberculosis (causing as it does one death in every seven, in general, and one death in every eight in Richmond and Wayne county), entailing an inestimable amount of suffering and financial loss upon individuals, and,

Whreas, Systematic instruction of patients and their friends and of the public in general have, in many places, brought about a striking decrease in incidence and mortality; and,

Whereas, The State Board of Health purposes to initiate and carry on in Indiana such work against tuberculosis as has proven beneficient and effective in other states, and to this end, in the absence of legislation, must rely on the voluntary co-operation and help of physicians in gathering statistics.

Resolved, That it is the sense of the Wayne County Medical Society, that a vigorous and persistent campaign should be waged against tuberculosis in state, city and county; that every physician should report promptly to the proper health officer, every case of pulmonary tuberculosis that comes under his observation, giving name, age, sex and residence for statistical purposes only, and not for publication. And that physicians should co-operate heartily with the state and local health officers in instructing the public as to the nature of the disease, the best methods of preventing its spread and especially by advising the prompt disinfection of premises after removal by death or otherwise of a case of pulmonary tuberculosis.

Sea Sickness.

Dr. S. Solis-Cohen recommends as a preventive of seasickness that all work be abolished for twenty-four hours before embarking, so that the system may not be exhausted, and as hearty a meal as possible be eaten before going on board. A calomel purge, followed by a saline, should be taken one week before sailing, and repeated about two days before sailing. Saline laxatives or enemas should be used daily for the first few days while on board ship. Light, easily digested food should be taken at frequent intervals. Strychnine, atropine, or preferably picrotoxin,

should be given in small and frequent doses for a few days before sailing and continued until the "sea legs" are gained. For the treatment of seasickness he recommends small amounts of light foods such as soups, junket, beef juice and peptone taken at short intervals. Effervescent drinks, such as champagne and seltzer, are frequently of service, as well as counter-irritation over the epigastrium. In addition to the laxative treatment, the bromids, chloral and other hypnotics are valuable.—*Jour. A. M. A.*

The Fort Wayne College of Medicine Unites with the Northern Ohio University.

At the twenty-fifth commencement of the Fort Wayne College of Medicine, announcement was publicly made of the affiliation of the Fort Wayne College of Medicine with the Northern Ohio University, located at Ada, Ohio. The Fort Wayne College of Medicine becomes, as a result of the union, the medical department of the Northern Ohio University, though it will continue under its incorporate name. It is thought that in due time the first two years of the medical course will be taken at the university at Ada, and the last two years in Fort Wayne, thus giving the medical student the advantages of a combined clinical and medical course in six years if he so chooses.

Examination of Eyes Requiring Use of Drugs, and Opinion of Courts with Reference Thereto.

In the Supreme Court of Kansas, in an endeavor to recover damages for injuries to the eyes alleged to have been sustained while handling creosote treated ties, the plaintiff objected to complying with the request of the defendant for an expert physical examination of the plaintiff's eyes if drugs were to be introduced into the eye for facilitating the examination. The District court, therefore, made the following order: "The plaintiff may by his consent subject himself to have his eyes examined, but the Court will not permit any drugs to be used in the examination without the consent of the plaintiff." In deciding upon the matter the Supreme Court holds that this was an error, inasmuch as one of the essential requirements is to obtain a full and correct observation of the facts and that it was a matter of common knowledge

among scientific men that facts cannot be ascertained except by the employment of the most approved scientific methods, among which is the dilation of the pupil through the influence of drugs, thus making it possible to more accurately determine the conditions presented.

Fight Against Tuberculosis.

There has been incorporated at Springfield, Ill., an Anti-Tuberculosis Association, with the object of preventing the spread of tuberculosis through legislation and a campaign of education. A free clinic is to be established for the treatment of poor consumptives. The association is purely philanthropic and is backed by both business and professional men.

Deaths from Smallpox.

Dr. Jay F. Schamberg is authority for the statement that in Philadelphia from 1901 to 1903, inclusive, 665 died from smallpox. He further said that all of these lives could have been spared; that there is no excuse at the present day for anyone to perish from smallpox; that the man who refuses to have his children vaccinated is more guilty of criminal negligence than he who stores in his home dangerous explosives.

Contagious Diseases.

There were reported to the sanitary bureau for the week ended April 30, 1,398 cases of measles, with 46 deaths; 490 cases of tuberculosis, with 199 deaths; 419 cases of scarlet fever, with 26 deaths; 409 cases of diphtheria, with 62 deaths; 44 cases of varicella; 6 cases of smallpox; 40 cases of typhoid fever, with 6 deaths; 30 cases of cerebro-spinal meningitis, with 7 deaths, and 380 cases of pneumonia, with 234 deaths.—*Jour. A. M. A.*

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Laboratory Diagnosis.

Overholser, in *New York Med. Jour.*, April 2, 1904, in an interesting article on "Laboratory Diagnosis," says: "In the evolution of the life forces of the body there must, therefore, be a constant supply and a constant waste of material. The daily round of human life is but a repetition of integration and disintegration, of construction and destruction, of a building up and of a breaking down, of repair and of waste. And, while it is necessary that a particular set of organs of the body, the digestive organs, must continually transform and supply to the cells in a fitting shape the building up material, it is just as essential for the normal life process that the used up, broken down, waste material be as speedily and continuously removed from the system, through its eliminative channels, as rapidly as it is thrown back in the blood current. Some of these waste materials returned to the blood for excretion, we must remember, are in such a shape that they cannot pass through the channels of elimination, and, before they can be eliminated through the excretory passages, must be retransformed from non-eliminable, non-diffusible colloids into crystalloid, dialyzable material for excretion by the emunctories. The used up nitrogenous, non-diffusible, refuse material is again carried back to the liver by the blood current, where it is retransformed into a soluble, eliminable compound called urea, which is readily eliminated from the blood by the kidney and carried off through the urine. In the preparation of the building up material and in the normal destructive processes, with the evolution of the vital processes for the maintenance of life, and in the removal of the resulting waste material from the system, there are many chances for a faulty or defective functional activity somewhere in the links of the great chain of normal processes from digestion to excretion.

"These variations of nutrition and waste are nowhere so well recorded as they are in the urine, and by an intelligent interpreta-

tion of the modern methods of uranalysis these physiological and pathological tides may be read quite accurately. Whenever, in the human economy, pathogenic processes seriously disturb nutrition, the results are recorded in the urine, because the urine more than any other excretion of the body represents the equation of these changes. Foreign material absorbed from the intestinal tract or biliary tracts, deficient elaboration of food material by the liver, various toxic compounds formed in the tissue cells by faulty metabolism or infective agents, an excessive or diminished elimination of normal constituents of the urine or the elimination of the nutritive serumalbumin, or Bright's disease, or the excretion of improperly elaborated sugar compounds, such as is found in diabetes mellitus, and, in addition, many other evidences of normal and abnormal conditions of the system can be detected by a chemical and microscopical examination of the urine. The importance of a careful study of this excretion can scarcely be overestimated, for it furnishes much valuable information to the diagnostician in the study of many diseases."

The Cultivation of Immunity.

The human stomach is a wonderful laboratory, but you cannot feed it on thistles and expect it to keep right on digesting and assimilating as if it were being fed on figs.

In a condition of robust health this wonderful and long suffering apparatus will bear almost any degree of overwork and maltreatment; but when it reaches a certain definite limit of endurance it invariably turns and rends its own landlord.

Normally the function of the stomach is that of an organic food-refinery and promoter of tissue-building. But under abnormal conditions it is easily transformed into a veritable ptomain factory. According to its natural or induced condition—normal or abnormal—and from the pabulum supplied to it, it evolves nourishing albuminoids or deadly alkaloids with equal facility.

When from persistent neglect or abuse actual disease, either functional or structural, has become established, complications rapidly multiply, and the situation becomes more and more serious.

In the wasting diseases the prognosis will depend entirely upon the success of means, methods and materials employed with

a view to removing the morbid conditions and restoring the digestive and assimilative functions.

Stress is laid upon the bacteriology of these diseases, but it is now universally admitted that the microbes are not in themselves the chief danger.

It is the lowered, enfeebled and degenerate condition of the system which compels it to tolerate their presence.

What the system needs is reinvigoration to such a degree that it can either eject the germs or so devitalize them that they lose their virulence, and therfore their ability to multiply and devastate.

Relief is to be sought, not by fatuous attempts to destroy the germs, *in situ,* but by a thorough and systematic fortifying of the entire organism. And when we say, "Fortify the system," it is but another way of saying, "Feed, but do not gorge the system!" —*The Dietetic and Hygienic Gazette.*

Importance of the Tongue in Diagnosis.

The old notion that the condition of the stomach lining was reflected in the mucosa of the tongue has been long exploded and even the debris have been scattered to the winds by a communication in the *Gazette des Hop* of September 17, 1903, in which Matthieu and Roux discourse on the diagnostic value of the state of the tongue in affections of the digestive tract. They establish that the mucous membrane of the tongue is a false mucosa. It is not formed from the inner layer, but from the outer layer of the blastoderm. In structure it resembles the skin. The "coated tongue" is not due to an actual coating, but is, in effect, a grass plot of long and thick filiform papillae, and the white color is due to a superficial desquamative dermatitis. This dermatitis arises and subsides under the influence of external and internal intoxications, like any cutaneous affection, with the important difference that the tongue is more intensely sensitive than the skin, owing to its wealth of nerves and blood vessels. This lingual dermatitis is, therefore, an extremely early and important sign of internal derangement, and thus the tongue retains all its old diagnostic value. The only difference is that the knowledge that this dermatitis may persist after the cause has subsided should suggest that we must not wait for the tongue to clear before instituting nourishing feeding.—*Jour. A. M. A.*

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Some Investigations of a Bacterial Treatment of Tuberculosis.

Stephen J. Maher, in the *N. Y. Med. Jour.*, Jan. 30, 1904, concludes a paper with the above title as follows. If there be any great value in his "bacillus X" we presume it will soon be recognized by the prefession generally:

1. That the X bacillus can, with absolute safety, be injected alive and in pure culture into the human system.

2. That after its injection it remains alive in the human system often for weeks, and does no other harm than occasionally, and for reasons not understood, to cause slight suppuration at the point of injection.

3. That after its injection it causes a variable febrile reaction which is never serious, and which probably varies in intensity according to the amount of its enzymes that are injected with the bacillus; or according to the amount of material the bacillus finds to feed on.

4. That after its injection, it has been found in the urine and blood and sputa of persons injected.

5. That after its injection into the groins of persons suffering from tuberculosis there is often a subjective sense of local reaction at the site of the tuberculous lesion.

6. That after its injection into the connective tissue about tuberculous fistulæ in ano a marked improvement, even to the closing of the fistula, has followed.

7. That after its injection into the ear of persons suffering from tuberculosis otitis media, such persons have been in nowise harmed, but, on the contrary, have in several instances been cured of their otorrhœa and other symptoms.

8. That after its application on gauze or cotton packing to sinuses leading from carious bone, supposedly tuberculous, such sinuses and caries have healed with surprising promptness.

9. That its hypodermic injection into patients suffering from tuberculosis of the lungs has been followed in many cases by

marked relief of wasting, anorexia, diarrhœa, and hæmorrhage.

10. That its instillation into the open tuberculous pleural cavity has caused the drying up of a purulent discharge that was resistant to ordinary methods of treatment.

11. That its hypodermic injection into consumptive patients has, in several demonstrable cases, been followed by the apparent cure of the disease.

12. That as a valuable scavenger of the tuberculous human system, my X bacillus claims the interest of the medical profession for the further reasons that it grows in acid or alkaline media, that its product is alkaline, that it grows in the presence or absence of air, that it feeds only on dead matter, that it grows more quickly and has more vitality than the ordinary pus-producing germs, and that its introduction into the human tissues is followed by a marked diminution of the number of ordinar pus-producing germs present anywhere in the body.

13. That some, as yet incomplete, investigation would seem to show that this X bacillus is not without beneficial effect on other pathological conditions than tuberculosis.

14. That while I realize the facts that many of my statements need confirmation by better bacteriologists, and that it is probable that some of them will fail of such confirmation, still I have felt that it was time that I invited my brother physicians to look at the vision that has been before my eyes for so long.

The Mode of Action of Ichthyol in Pulmonary Tuberculosis.

It is inconceivable, according to Burnett, that ichthyol may do good in pulmonary tuberculosis, either by an antiseptic action, effect upon nutrition, or by some local alterative effect. It is too feeble an antiseptic to render it at all probable that it does any good this way, and there seems to be no diminution in the number of tubercle bacilli under its influence. Although it seems to have a beneficial action as a conserver of proteids, its nutritive influence is not powerful enough to make it of benefit in this manner. Burnett believes that it acts by combating the inflammation in the lungs in the same way that it combats the inflammatory process when applied locally.

Spangler speaks very highly of the value of the internal use of ichthyol in tuberculosis. In order to get good results it is wise to give the drug in ascending doses. The disagreeable taste and

eructations may be largely overcome by giving the drug in capsules. The method he employs is to have the patient begin with No. 1 empty capsule, which he himself fills with ichthyol, taking one after each meal for the first week, adding another to each dose during the second week, and three such capsules in the third week, three times a day. If discomfort arise from eructations it is a sign that the stomach is not appropriating the full amount of ichthyol, and the period between the administrations should be lengthened.—*Am. Med.*, Feby.13, '04.

The Cure of Angioma by Means of Electrolysis.

Arienuzo has had good results in the treatment of angioma by the use of currents of high frequency, and by using an especial electrode he has avoided the occurrence of hemorrhage, which has interfered with the use of electricity in these conditions. A small angioma was treated with only the spark of the current at high frequency and for not more than two or three minutes, on alternate days. In cases of very large growths, electrolysis by the bipolar method (the current from 20 ma. to 40 ma.) followed by the use of the spark, was employed. It required several months for complete cure of the condition. He believes that the currents act by producing a coagulation of the blood in the neighboring capillaries, leading to atrophy of the growth.—*Am. Med.*, Jan. 30, '04.

Serum Treatment of Tuberculosis.

Marmorek in this paper discusses his serum treatment of tuberculosis. He believes that he has succeeded in preparing the real tuberculous toxin *in vitro,* and with this an efficient antitoxin. His treatment differs from that by tuberculin in that his is a passive immunization, while the latter is an active immunization. As a rule, the more acute the illness the sooner may good results be expected from the serum. Yet in the most acute form—meningitis—cure has not been obtained, probably because the remedy has always been applied too late. As regards pulmonary tuberculosis the too severe cases with extensive cavity formation, and the old fibroid cases are not benefited by the serum. But in the great mass of cases of phthisis the results have been most satisfactory. Recently infiltrated portions of the lung clear up,

the hectic fever disappears, the amount of expectoration diminishes, and hæmoptysis becomes exceedingly rare. But it must constantly be borne in mind that a disease so advanced as tuberculosis of the lungs demands a long period of treatment for an absolute cure. In cavity cases benefit is often obtained by the administration of antistreptococcic serum along with the antituberculous serum.—Abstracted by *N. Y. Med. Jour.*, April 16, '04.

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Infectious Diseases of Unknown Etiology.

Dr. Ludvig Hektoen concludes a paper upon the above topic as follows:

1. Clinical and experimental observations furnish strong evidence, and in some cases absolute proof, that certain transmissible human and animal diseases of unknown etiology are not toxic, but infectious, that is, caused by living organisms capable of proliferation and metabolic activities.

2. In the case of the human diseases of this group, knowledge is farthest advanced in regard to those that are communicable to animals—hydrophobia, vaccinia and smallpox—and experiments on human beings have shown that the cause of yellow fever occurs in the blood, passes through Berkefeld filters, the filtrate being bacteriologically sterile, according to present methods, and that infection occurs through the medium of mosquitoes (*Stegomyia fasciata.*) The etiology of the other strictly human diseases—syphilis, measles, scarlet fever, chicken-pox, typhus fever—remains unknown.

3. Certain morphologic elements in the lesions of vaccinia and smallpox are regarded by some investigators of the highest standing as representing stages in the developmental cycles of protozoa. The causative agents of these diseases do not pass through bacteria-proof filters.

4. The virus of many transmissible animal diseases (foot and mouth disease, peri-pneumonia, rinderpest, sheep-pox, chicken typhus, horse sickness, epithelioma contagiosum of fowls) passes through various filters ordinarily regarded as impermeable to the smallest known bacteria, the filtrates being virulent, though giving no sign of containing visible corpuscular elements.

5. Whether these invisible and, except in peri-pneumonia, uncultivable viruses are all ultra-microscopic in size, or invisible also for other reasons, has not been settled definitely, but there is much in favor of the view that they are ultra-microscopic in size.

6. Further progress in this field may be expected from the application of methods recently introduced by physicists in order to furnish ocular demonstration of the existence of particles too small to be seen directly.

Together with the above we clip the following editorial comment on Hektoen's paper from Red Cross Notes:

BEYOND BACTERIA—WHAT?

In this number of Red Cross Notes is presented an abstract of a paper by Hektoen, which tends to show that in certain diseases, the origin of which seems to be beyond that of any known organism, a virus exists which is invisible.

What is this substance which seems to be beyond the limits of bacterial life as now understood?

The theory urged for "Liquinfection" as an explanation for infection now believed to be beyond bacterial, is ingenious, and perhaps plausible.

Ehrenberg had a milky way of lower organisms which he used to explain certain visible vital processes. Papillon suggested an ether endowed with life—"unseen, and yet without them nothing can be seen."

Because at present we cannot see "Liquinfection" we should not be deterred from believing in its existence. The phenomena of nature going on about us are accomplished by forces that are invisible. We may also bear in mind that wave lengths can be measured which are a million times smaller than can be detected by the microscope.

We must not, like the ancient geographers, write on our crude maps "here ends the world."

Scientific sagacity consists in being careful as to how we deny the possibility of anything.

There is much yet—infinitely much—for us to learn.

So far as these investigations have progressed, they tend to show that this "Liquid virus," or better, "Liquinfection," may add to our knowledge of certain diseases, the origin of which is now debatable.

They point to us that we are right in the use of germicides, antiseptics, quarantine and isolation. Carbolic acid and corrosive sublimate will have the same efficacy upon "Liquinfection" as upon bacteria. Keep away from the germs, or keep away from what is beyond them, and there will be no infection.

The elements of disease that exist in the land beyond the bacteria and behind the microscope will yield to the same measures which we now employ. We shall not change our modes, but will apply them with greater accuracy and force.

Ear Grafting.

The *Medical Record* of November 21, gives in its "News of the Week" column the following interesting account of a new "graft" if not a new operation:

An experiment has just been made in Philadelphia in the transfer of the entire pinna of the right ear from one man to another. The recipient of the ear was a man from the west who had lost that ornamental appendage and, being about to wed, wished to have the symmetry of his head restored. The donor was a resident of this city who parted with his auricle on consideration of $5,000. Although the donor signed a bill of voluntary sale of his ear, it was thought best to perform the operation outside the state in order not to incur the risk of a charge of mayhem under the New York state law.—*St. Louis Clinique.*

The Early Signs of Pregnancy.

H. E. L. Johnson (*Journal American Medical Association*, February 20, 1904) takes up in his paper the diagnosis of pregnancy prior to and including the third month, and invariably noted one sign which he lays great stress upon, namely, that of an intermittent softening and hardening of the vaginal portion of the cervix uteri, with, in many cases, a change of color from a pale violet to the normal pink hue, or the reverse. This alternate hardening and softening, he says, is easily detected by digital touch, while through the speculum these changes in color may

be seen. These signs may be noticed as early as the fourth week, and possibly earlier. Johnson says that he never observed this sign in any normal or diseased condition. He considers it an invariable sign in recent impregnation, and cites a number of very interesting cases substantiating his early diagnosis of pregnancy. —*Lancet-Clinic.*

BOOK REVIEWS

The Practical Medicine Series of Year Books, comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. III; the Eye, Ear, Nose and Throat; edited by Casey A. Wood, C. M. M, D., D. C. L.; Albert H. Andrews, M. D., and Gustavus P. Head, M. D. December, 1903. Chicago. The Year Book Publishers. 40 Dearborn Street.

The Practical Medicine Series of Year Books, now in the fourth year of publication, have established a well-deserved reputation for conciseness in presenting the year's progress in the various departments of medicine and surgery. The December number, devoted to diseases of the eye, ear, nose and throat, fully maintains the reputation for these departments established by the well-known editors. The most noteworthy articles appearing in current medical periodicals during the year have been carefully abstracted and find a place in this volume. In the department devoted to the eye the most striking advances mentioned have been made in the application of the X-rays in the treatment of ocular neoplasms and other lesions, plastic operations on the tissues of the conjunctival sac, treatment of diseases affecting the posterior segment of the globe, the discussion of questions relating to the full correction of myopia, and the introduction of new remedies and appliances have also occupied the attention of many observers. In the department devoted to the ear attention is given to the important subject of operations upon the mastoid for chronic suppurative otitis media, and acute or chronic diseases of the middle ear accompanied by mastoid involvement.

The indications for and against operative interference in these cases is considered in abstracts from writings by prominent operators. In the department devoted to the nose and throat may be mentioned reference to the notable work of Dunbar in Germany on the cause and cure of hay fever. Of particular importance are the chapters giving a resume of opinions from prominent operators who are attempting to check the tide of meddlesome surgery of the nose and throat which has been such a prominent factor in the treatment of catarrhal diseases of the upper respiratory tract. As is clearly pointed out, it is well recognized that much in the way of cure or palliation may be obtained without the shedding of blood or the use of the cautery. On the other hand there are references to the conditions in the nose and throat which are only remedied by surgical procedures, and the indications for and the method of operating on such cases according to the latest advances are clearly set forth. The recent progress of surgery of the accessory sinuses finds a deserving place in this department, while new remedies and new appliances are not without due consideration. For a series of books of small size and moderate expense, containing all that is worthy of note in the discussion of medical progress, we have no hesitation in recommending the Year Book series. A. E. B.

***The Blues* (*Splanchnic Neurasthenia*).—Causes and Cure. By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S., Consulting Physician, Denver National Hospital for Consumptives, the Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic. Illustrated. New York. E. B, Treat & Co., 241-243 West 23d Street. 1904.**

This little brochure deals with a special type of neurasthenia which the author considers to be a "new and heretofore undescribed variety." Whether he has established the originality of the type which he erects may be questionable, but the book is none the less instructive and entertaining to a high degree and will be perused with pleasure by anyone interested in such topics. It is cordially recommended to the medical profession as an excellent expose of the views of a very capable man upon a commonplace but most difficult subject. G. W. M.

Progressive Medicine, a Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. March 1, 1904. Surgery of the Head, Neck and Thorax; Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia and Influenza; The Diseases of Children; Laryngology and Rhinology; Otology. Lea Brothers & Co., Philadelphia and New York. 1904.

This volume of Progressive Medicine comes to us in a new dress, the internal construction of the work remaining about the same as before. It deals with the surgery of the head, neck and thorax, infectious diseases, diseases of children, laryngology and rhinology and otology. It contains the usual careful annotation of the contributions of these subjects during the last year. A great deal of excellent work is being done in the line of infectious diseases. An especial feature of the latter is the increased importance of mosquitoes, flies and other insect pests in the dissemination of pathogenic organisms. The volume is up to the usual high standard and will be found a very valuable addition to the series of which it forms a part. G. W. M.

Biographic Clinics.—Volume II. The Origin of the Ill Health of George Elliot, George Henry Lewes, Wagner, Parkman, Jane Welch Carlyle, Spencer, Whittier, Margaret Fuller Ossoli and Nietzche. By George M. Gould, M. D., Editor of American Medicine, Author of "An Illustrated Dictionary of Medicine, Biology, etc.," "Borderland Studies," "The Meaning and Method of Life," etc. Philadelphia. P. Blakiston's Son & Co., 1013 Walnut Street. 1904.

The second volume of this series by the versatile and talented author deals with George Eliot, George Henry Lewes, Wagner, Parkman, Jane Welch Carlyle, Spencer, Whittier, Margaret Fuller Ossoli, and Nietzche. Especially to the medical man the recital of the story of their lives and the penalties they pay for literary work are more interesting than any romance. With regard to some of these persons, the story of their suffering is familiar to the world, but much new information is brought forward and fully substantiated by letters and the author's works. The volume is a most interesting one and is highly recommended to anyone who wants a most readable book upon a most intensely interesting topic. G. W. M.

Commoner Diseases of the Eye.—How to Detect and How to Treat Them. For Students of Medicine. With 250 Illustrations, Many of Them Original, of which Seven Are Colored Plates. By Casey A. Wood, C. M. M. D., D. C. L., Professor of Clinical Ophthalmology in the University of Illinois; Professor of Ophthalmology in the Post-Graduate School, Chicago; Ophthalmic Surgeon to St. Luke's Hospital, Chicago; Consulting Ophthalmologist to the Emergency and St. Anthony's Hospital, Chicago; Ex-Chairman of the Ophthalmic Section, American Medical Association; Fellow of the American Academy of Medicine; Mitglied der Ophthalmologischen Gesellschaft, etc ; and Thomas A. Woodruff, M. D., C. M., L. R. C. P., London. Professor of Ophthalmology in the Post-Gradaute Medical School, Chicago; Ophthalmic Surgeon to St. Luke's Hospital and Dispensary and St. Anthony de Padua Hospital, Chicago; Fellow of the American Academy of Medicine; Editorial Secretary of the Ophthalmic Record; Mitglied der Ophthalmologischen Gesellschaft, etc. Chicago. G. P. Englehard & Company. 1904.

In commending this little book by Drs. Wood & Woodruff, who are teachers and practitioners of wide experience, we can do no better than quote from the preface where the authors say that the work is intended to consider opthalmology from the standpoint of the physician in general practice, and in describing only the commoner diseases of the eye (never using a technical term when a simple word is available), by numerous illustrations, synopsis headings, and a complete reference index to popularize a study that is too often considered difficult and unprofitable. "There is a fairly well defined and important group of diseases, affecting various parts of the visual apparatus, whose signs and symptoms are especially prone to be overlooked or misinterpreted by the general practitioner simply because he has abandoned the inspection of the eye. In this group are some that call for recognition in tones so loud that they ought to be detected at once by any man who will use his ordinary powers of observation, while others require stricter attention upon the part of the observer. Many of them, too, are by no means simple matters. When not recognized and promptly treated by the surgeon, they go on, in the ordinary course of events, either to a more or less rapid destruction of the organ itself, or to considerable impairment of its function. The claims which the study of this particular set of diseases makes upon the profession become all the more urgent when one reflects that in every instance an early diagnosis may be correctly made by the exercise of the same quality and amount of care and intelligence which are commonly brought to the investi-

gation, let us say, of affections of the lungs and uterus. It is not claiming too much, we are sure, of the student of medicine that he should have at least a fairly intimate knowledge of the eye signs and symptoms of disease in general. Chapters on this important subject have been carefully prepared and profusely illustrated, especial stress being laid upon those evidences of systematic involvment that the ocular structures so commonly exhibit. For the additional assistance of the student a table of contents, giving the headings of each chapter, as well as a cross (reference) index, have been provided so that any subject treated in this handbook may be readily consulted." The work is profusely illustrated, and for the most part by illustrations that are original with the authors. Chapters upon ocular hygiene, and the use of the various newer remedies are features not often found in the smaller text-books on diseases of the eye. The work must crtainly prove of great value to the general practitioner, but as a text-book for students its value can scarcely be surpassed.

A. E. B.

Fischer—Infant-Feeding in Its Relation to Health and Disease.—A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third Edition, Thoroughly Revised and Largely Re-written. Containing 54 Illustrations, with 24 Charts and Tables, Mostly Original. 357 pages, 5¾x8¾ inches. Neatly bound in Extra Cloth. Price, $1.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

As an exposition of modern methods in the preparation of artificial foods for infants this work may be said to be complete. The first edition of the work was exhausted within six months and the second within two years, showing the high favor with which it is received by the profession. It is unnecessary to say more of this book.

B. Van S.

The International Medical Annual.—1904. E. B. Treat & Co., Publishers, New York City. Price, $3.00.

This is the twenty-second "Annual" issued by this firm and it contains more pages than any previous volume, although it is

the intention of the editors to resist the tendency of the work to grow in size. Those physicians who do not avail themselves of a work of this kind do not know how much one who does really misses the book when not at hand. It is much better to buy this work than to bind a year's issue of a journal for reference, for a given subject can be referred to more readily in this book, and then you have the best of many journals abstracted.

B. Van S.

MISCELLANEOUS SELECTIONS

SANMETTO IN HEMATURIA WITH RETENTION OF URINE.—I prescribed Sanmetto in a case of hematuria with retention of urine. The patient had improved a great deal by the time another supply of Sanmetto reached me. I was obliged to withdraw the urine with a catheter for nearly a week, from three to four times in twenty-four hours; also had to wash out the bladder and use suction to withdraw the clots. Since using Sanmetto the urine passes again normally and the constituents are also nearly normal and the patient has fully recovered, with the exception of a small quantity of albumen. I shall prescribe Sanmetto in the future if cases for which it is indicated fall to my care for treatment.

W. B. Erdman, M. D.

Macungie, Pa.

ADRENALIN IN THE TREATMENT OF THE CARDIAC TOXEMIA OF PNEUMONIA.—The writer, Henry L. Essner, M. D., of Syracuse, N. Y. (*New York Medical Journal*, Jan. 2, 1904), directs attention to the appalling mortality of pneumonia, due to the resulting cardiac toxemia. The prime factor in this disease is a toxemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes accur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart-clots, and vasomotor paralysis.

Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated condition of the arteries and the weakened heart. These are strychnine, digitalis and suprarenal extract of Adrenalin, its

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S. M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV JUNE 1904 No. 6

EDITORIALS

Nose Operations for Consumptives.

The daily papers of the country have been very actively circulating a report, eminating from New York City, to the effect that a certain surgeon whose full name and street address has been very accurately given, is the originator of an operation that is destined to cure thousands of sufferers from tuberculosis of the pulmonary type. The operation as described in the papers consists in the removal of the inferior turbinated bones, the instruments and manner of performing the operation being solely originated (?) by the surgeon mentioned. The beneficial results secured by the treatment are attested by a report of ninteen cases of pulmonary tuberculosis in the advanced stages which to all appearance have been cured (?) by the treatment. The theory advanced is that by removal of the inferior turbinates the patient is put in condition whereby he can breathe with more ease, and the air which goes into the lungs is not only purified and moist-

ened as nature intended it should be, by passing through the nose instead of the mouth, but that these patients have a decided tendency to increased depth of respiration. The articles also go on to say that the eminent surgeon is about to present the discovery (?) to the medical profession through one of the large medical societies of New York City. By reference to Polk's Medical and Surgical Register we find that the surgeon who is so skilfully advertised by daily papers throughout the country as a result of the associated news report from New York, is reported as a member of a New York Medical Society in affiliation with the American Medical Association. While it is, of course, possible that some enterprising newspaper reporter has, without the advice, encouragement or even knowledge of the physician under consideration, made up out of his own imagination or from a very meager foundation of fact such a story as has been telegraphed all over the country, yet the fact that the details regarding the treatment are so carefully given makes it very strongly suspicious that the co-called eminent surgeon had a hand in the report. This seems all the more evident when it is considered that the advertisement, appearing as it does as a telegraphic report, will probably be the result of bringing hundreds of deluded victims to the specialist for relief. If this be true the newspapers of the country have certainly been victimized by a shrewd medical man who has received advertising for which the more notorious quack would be willing to pay thousands of dollars. On the other hand, if the "eminent surgeon" is a member of one of the New York Medical Societies in affiliation with the A. M. A., then it becomes the duty of the society to reprimand the offender or demand an explanation that really explains. The practice of inviting or encouraging laudatory "write ups" in the daily papers is altogether too common among some of the leaders in the profession, to say nothing of those who have not as yet attained any reputation or eminence. A. E. B.

The Value of Anti-Spitting Ordinances.

That spitting upon the streets of cities is dangerous to the health of communities seems demonstrated by the discovery that fully one-third of the street cleaning force of New York City is tuberculous. These men are all examined before being employed to ascertain any physical infirmity and yet it appears that a short

time after such an examination one-third are found suffering from pulmonary tuberculosis. This would seem almost a demonstration of the inhalation method of infection in spite of the possibility of infected dust clinging to the walls of the naso-pharynx until its bacterial load finds entrance to lymphatics or of being swallowed and gaining entrance through the stomach or bowels. It condemns also the present methods of street cleaning and emphasizes the necessity of keeping the dust from flying in the process of removal. This can be accomplished by means of water. All cities should take this lesson to heart and use devices for cleaning that obviate to the greatest degree the raising of dust. Streets should be kept so clean that houses need not, by the exercise of ordinary care, become infected. B. Van S.

The Patent Medicine Crusade.

The article in the June number of the *Ladies' Home Journal*, by the accomplished editor of that periodical, with reference to the patent medicine evil, is a hopeful sign of an awakening on the part of the public to the dangers which surround the unrestricted sale of proprietary medicines. It is pointed out, and proof of the assertions are offered in the way of testimony from the state analyst of the Massachusetts State Board, that more than twenty of the most used and most extensively advertised patent medicines contain from ten to forty-eight per cent. of alcohol, to say nothing of opium, cocaine, belladonna, and other poisons which act deleteriously when taken in any considerable doses or for any prolonged length of time. While the sale of these patent medicines depends in a very large measure upon a lavish display of printer's ink, yet in no small degree is the consumption increased as a direct result of endorsement from clergymen, lawyers and men and women in prominent walks of life. While the daily papers and yellow journals of the country are freely used to advertise patent medicines, yet it is from the religious papers that the patent medicine manufacturers receive their largest returns, because of the influence which such papers exert in every community through the general impression among the majority of readers of such papers that anything advertised in religious papers or periodicals is worthy of confidence. The editor of the *Ladies' Home Journal* truthfully says that many of these papers, whose editorial columns are constantly filled with tirades against

"the demon alcohol," are not adverse to advertising patent medicines which because of the large percentage of alcohol which they contain are not to be compared (so far as injurious effects are concerned), to beer, wine, or even whisky. In fact, beer and many kinds of wines when compared to some of the most extensively used patent medicines are as harmless as the pink lemonade at a Sunday school picnic. It is certainly refreshing to know that the crusade against the patent medicine evil has been taken up by such a periodical as the *Ladies' Home Journal,* which has a circulation running into the millions and reaches the homes of the middle classes. The agitation will certainly result in much good, as will also the refusal on the part of many of the better class of newspapers and magazines to receive advertising from the patent medicine manufacturers. If the Women's Christian Temperance Union and the various church organizations and temperance associations which are now working for the suppression of the alcohol traffic will turn their attention to the suppression of the sale of patent medicines containing alcohol in far larger proportions than in beer, wines, or whisky, and is the initial means of creating more drunkards than the saloon, they can accomplish more than will ever be possible by fighting the lesser of the two evils. While the patent medicine manufacturers with their millions can and will influence legislation, yet with a thoroughly aroused public sentiment in favor of restriction in the sale of patent medicines, legal control of this curse can eventually be accomplished.

A. E. B.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Rheumatism and Rheumatic Affections.**

BY
ROBERT HESSLER, M. D.,
Logansport, Ind.

The primary meaning of the root of the word "rheumatism" in the ancient Greek meant a flow, or a flowing down, as the flow or discharge in coryza or of an abnormal discharge from the body. The old English form is rheum, still occasionally heard. The adjective rheumatic has a number of meanings aside from the original one pertaining to a flow. Its more common use is in connection with affections or pains of the joints or muscles. The word rheumatism is of course the noun derived from the verb to flow, and is supposed to refer to some definite thing, some distinct disease or disease process, but up to the present time it has not been so limited. The tendency at the present time among physicians is to limit it to the so-called acute articular rheumatism, to the exclusion of all other diseases or pathological processes.

But when it comes to the every-day use of the word, what a convenient word rheumatism is! Also its adjective rheumatic. It is almost as overworked as the terms colds, catarrh, and malaria.

Words have their uses and often the use of a common word will satisfy an inquiring patient, where an uncommon or unsual word would only mystify and call for further explanations. We all want an explanation, we want to know the nature and the cause of our aches and pains, and the simpler the explanation the better.

We, as physicians, know that the word rheumatism is a very handy one to use with our patients. It saves us lots of explanation—and to many it saves a lot of investigating. The disease from which the patient is suffering may be very obscure, we may be wholly in the dark as to its nature, or its exact location in the body or in the tissues, and we may be more or less at sea in regard to treatment—aside from palliative treatment. Yet when

*Paper read before the Cass County Medical Society, April 31, 1902. Additions are indicated by brackets.

asked what the difficulty is, the utterance of the magic word "rheumatism" will at once satisfy the patient, or if he also demands to know the cause and we confidently answer "cold," all is serene. It is true a different answer may have to be given in the death certificate, but if any questions are asked we can say that it is the real scientific name for the disease, or that this was the name of the disease from which the patient died after the rheumatism had disappeared. There are always loop holes to get out—and we continue to use the old names.

Besides the descriptive "acute articular rheumatism" we have in use chronic articular rheumatism, progressive chronic articular rheumatism, gonorrhoeal rheumatism, muscular rheumatism and others. Acute rheumatic polyarthritis and rheumatoid arthritis are also in use. The adjective rheumatic is used with a number of affections, as rheumatic bronchitis, rheumatic gout, iritis, dysentery, tonsillitis, and rheumatic apoplexy, the latter being applied to the stupor of acute rheumatic fever.

It seems to be now definitely established that the disease known as acute articular rheumatism is due to an invasion of the body by a micro-organism, and that a distinct pathological process is set up, a process as distinct as that of any of the other specific diseases.

Acute articular rheumatism may be defined as an acute febrile disease whose chief manifestation is a multiple arthritis, due to an infection from a micro-organism not fully identified. The pathological changes vary from slightly injected and exudating synovial membranes, up to purulent infiltration with eroded cartilages. Fatal cases seem to be such mainly on account of a secondary involvement of the circulatory system. Myo-endo and pericarditis occur at times.

The disease can usually be differentiated from the arthrites secondary to gonorrhoea, scarlatina, dysentary, syphilis, etc., by their history; septic arthritis similarly from the history of a wound or the puerperium.

We all know that when once a disease is accurately defined or recognized, both as regards its cause and the changes produced in the tissues, a better understanding is at once had in regard to treatment—what to do as well as what not to do. We need not pour water all over a building from which smoke issues if we know just where the fire is. The recognition of the specific cause

of a disease soon leads to some definite knowledge of its mode of action and from this to the employment of a proper remedy, to the exclusion of all sorts of nostrums. Although we may not have the true specific for acute articular rheumatism, still salicylic acid, or the salicylates, comes very near to it. Supposed cases of the disease not benefited by its use may well be re-examined or re-diagnosed.

That the site of the growth of the organism causing acute articular rheumatism can be outside of synovial cavities or of articular connective tissue of the joints is well known. The white tissue in and about the heart is frequently attacked, and often with disastrous results to the whole body. If the heart once begins to act irregularly from this cause, its action may ever after be impaired and followed by widespread after-effects, such impairment may perhaps be favorably influenced by way of palliation, but seldom curatively.

The after-effects in the articulating surfaces, or in the joints, will of course demand different treatment from the causative treatment of the primary disease. Such treatment is often only palliative, or it may have to be continued for a long time in order to get any lasting good results. When once the smooth synovial membranes are destroyed there may be a permanent painful after-effect, and the invalid may drift from one physician to another and from one health resort to another in the hope of a cure—a cure that may be utterly out of question.

It is just as important to know what a disease is not, as to know what it is, as much so as a knowledge what to prescribe and what not to prescribe. Let me then briefly refer to some of the affections which must be excluded.

Gonorrhoeal rheumatism, so-called, has no connection with acute articular rheumatism proper; it is now known to be an infection of the micrococcus gonorrhoea, and the proper name is gonorrhoeal arthritis, if necessary the affected joint or part of the body affected being specified. This term is at once inclusive and exclusive and stands for a single definite disease and which can be readily diagnosed by its cause, if necessary by aspiration or puncture. There is an acute and a chronic form. The endocardium may be attacked by the same organism.

Scarlatinal rheumatism, or scarlatinal synovitis, occurs occasionally during scarlet fever, most commonly in the wrists, and

lasting for a few days only as a rule. The joint affections of a similar nature occurring at times in dysentery, syphilis, and some more acute infectious fevers have already been mentioned.

Trichiniasis, although among the rarer affections, should also be mentioned in this connection. Trichinous pork is quite common in this country and it is at times eaten uncooked, especially by foreigners. The amount of disturbance will of course depend upon the number of parasites ingested; with a sufficient number the symptoms may resemble those found in acute articular rheumatism. When an investigation of the blood is part of the regular examination, the increase in eosinophiles may give a clew to the real nature of the affection. Simple soreness of the joints due to an unusual strain, as in heavy lifting, should also be mentioned.

Acute arthritic gout or gouty conditions may at times be mistaken for rheumatism, but the accompanying disturbances and a study of the tissue metabolism will allow us to differentiate, perhaps with difficulty, where several joints are involved at once.

Arthritis deformans, or rheumatic gout, is characterized by progressive changes in the articular structures and soon leads to deformity, often quite marked.

On going over the literature of affections ordinarily classed as "rheumatic," one cannot but feel that much is to be learned in the future, especially in regard to etiology and pathology, not to mention therapeutics. It will likely turn out that excepting perhaps the so-called uric acid or gouty conditions and senile changes, arthropathies are infective inflammatory processes. Muscular rheumatism and rheumatic neuritis will most likely prove to be bacterial infections and toxins may play an important part. Myositis and dermatomyositis are rare and no doubt come under the seame head.

Now, after thus briefly reviewing the subject of rheumatism, that is, acute articular rheumatism, and allied affections, I want to call attention to every-day ailments of a rheumatic nature to which the term rheumatism is frequently applied. All of us constantly meet with patients complaining of rheumatic pains and aches, with more or less lassitude, headache, backache, with a bad taste in the mouth and perhaps also nausea, painful throat and frequent urination.

In some individuals there may be more or less localization

of the pain in certain parts of the body—at the joints, in the arm or leg, in the chest, in the spinal column, the throat, or in some of the large muscles, or some nerve, like the sciatic. A favorite site in recurrent cases is that of some old injury, perhaps a sprain of the spinal column, especially in the lumbar region. I always make it a point to inquire into the history of an old sprain, especially in cases where the attacks always show themselves first in one particular place.

I have frequently noticed a number of cases of this kind after the prevalence of a high, dry wind. On the approach of cold weather in the fall with attendant confinement in close rooms, and again in the early spring on the return of dry, windy weather, a regular crop of such cases is produced. (A roller skating rink, with its dust laden atmosphere, is a fruitful source.) Some persons are regularly attacked after a long and dusty railway journey. The common explanation of such an "attack of rheumatism" is having "caught a cold."

I might cite a number of cases thus affected, among them are two farmers, one a young man, the other approaching middle age. They say they are in perfect health while on the farm, yet every time they come to town on a dusty day and inhale the city dust—and we all know how the dust is stirred up on some days—they invariably begin to ache and pain in the course of a few hours, with an initial feverish condition, and this disturbance may last for a day or two to a week, or more, depending on the amount of exposure or the amount of dust inhaled.

These men were advised to come to town as little as possible, and only on wet days when there is no dust; also to avoid masses of people, as in a close room, and since then their affections have almost disappeared. (One of the men gave me a pointed illustration recently. He came into my office, complaining greatly of soreness all through the joints and chest. "How did you get it?" I asked. "Came to town yesterday," he replied. "It was very dusty yesterday; why did you come?" "Oh," he replied, "I wanted to test the matter, and I came in today simply to tell you that your theory is all right. It is the dust that does it; hereafter I will try to keep out of it.")

My observations lead me to believe that the inhalation of what may be called infective dust—that is, dust mixed with the sputum of persons afflicted with respiratory diseases, especially

so-called catarrh—affects men in various ways, as I shall show later on. The rheumatic symptoms may in some cases overshadow all others and at times they may be localized wholly at the site of some injury, as a sprain which occurred years ago, as already mentioned.

I am inclined to believe that the influence of city dust on the health of man is greater than most of us suspect—in fact, I believe that the effects due to the inhalation of infective dust can be dignified by the name of a distinct disease.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF MARCH 17th.—Society met in special session in the assembly room of the court house to hear the report of the committee appointed to investigate the condition of the city water, and also to consider matters of national legislation. President Morgan called the meeting to order, with twenty-five members of the society present, and members of the waterworks trustees, council and city officials present by special invitation. The report of the committee appointed to investigate the condition of the city water supply was read by the chairman, Dr. Miles F. Porter. It contained the results obtained by analysis of samples of the city water submitted to Dr. G. W. McCaskey. The samples were taken from taps in various parts of the city, due care being observed to keep the samples free from contamination after leaving the taps. The examiner had no knowledge of the source from which the various samples were taken, and consequently his findings were considered unbiased. The report concluded with the following deductions: "The city water is impure at its source. Whether this impurity comes entirely from the intake well at station No. 1 and from the gravel wells at station No. 2 we are not able to say. The question, however, could and should be decided without delay. The in-take wells, the gravel wells, the dead ends, the open air shafts, the condition of the ground in the immediate neighborhood of the wells, the lack of police

protection at the reservoir, and the connections without check valves with private mains carrying impure water are all possible sources of contamination and should be remedied at once. It is recommended that without delay a competent engineer be employed to look over the water system and supply thoroughly for the purpose of finally locating the trouble with a view to correcting it." The report was discussed by Drs. McCaskey, Macbeth, Sledd, C. B. Stemen and W. H. Myers. On motion the report was accepted and the secretary directed to refer the recommendations to the Board of Waterworks Trustees and Common Council. On motion of Dr. G. W. McCaskey, which was duly carried, the secretary was instructed to request the United States senators from Indiana, and the United States representative from the Twelfth congressional district of Indiana, to use their influence and vote toward the passage of the following bills before congress: First, a bill for preventing adulteration or misbranding of food or drugs, and for regulating traffic in and for those purposes; second, a bill for the reorganization of the medical department of the army; third, a bill for the appropriation of $500,000 for the construction of a government hospital at Washington for the sick and wounded soldiers and sailors.

Adjourned. J. C. Wallace, Secy.

MEETING OF MARCH 29th—Meeting called to order in the assembly room of the court house by President Morgan, with fifty members and invited guests present. Dr. Norval H. Pierce, of Chicago, delivered an address by special invitation, his subject being "The Surgical Treatment of Acute Suppurative Diseases of the Temporal Bone." The essayist called attention to the continuity and inseparable connection of the eustachian tube, tympanum, mastoid, and other pneumatic spaces of the temporal bone. The mastoid cells participate in all acute inflammations of the middle ear, and in discussing the management of acute mastoid disease the essayist considered that it was entirely fitting that the proper treatment of acute otitis media be discussed as bearing on prophylaxis. In all cases rest (in bed), purgation and the application of dry heat or cold is warranted in the early stages. Local applications in the canal of the ear, such as laudnum and sweet oil and many other domestic remedies are not only useless, but generally positively harmful. Blistering and leeching in the region of the mastoid are of no value and should not be used.

The mixture of carbolic acid, glycerine and acetic acid referred to in most text-books on diseases of the ear is worthy of trial as an antiseptic preparation with distinct analgesic qualities. Paracentesis should be reserved for those cases in which perforation is imminent, as indicated by the bulging of the membrane. With the development of discharge from the middle ear, either as a result of spontaneous or operative opening of the drum, dry gauze packing becomes indicated as proper treatment. Narrow strips of gauze inserted into the canal so that the end touches the perforation acts as a drain for the middle ear and prevents introduction of infection from without. The diagnosis of mastoid involvment is indicated by pain in the region of the mastoid, and accompanied by tenderness and in marked cases infiltration. The disease should be differentiated from furunculosis, in which the swelling back of the ear is oedema and not infiltration. Operation should not be delayed after the development of well marked signs of mastoid involvement which have not subsided under the influence of abortive treatment. Operation should be performed under good light, and the operator should always know the anatomical landmarks so that no operative blunders will be made. The so-called radical operation is seldom if ever indicated in acute mastoid involvement accompanying middle ear affection. Drainage is the essential thing, and when the involved portion of the mastoid has been thoroughly drained, recovery is usually prompt and uninterrupted.

In opening the discussion Dr. Albert E. Bulson, Jr., said that the subject of middle ear and mastoid affections is one that should receive more attention at the hands of general practitioners because of the danger to hearing as well as life. In children ear ache and acute suppuration of the middle ear is common following measles, scarlet fever and the other exanthemata. It is also prone to occur in children suffering from enlarged tonsils and adenoids. For an acute ear ache calomel, followed by salts, the application of dry heat to the ear, and rest, is proper treatment. Opiates are never admissible, because they mask the symptoms. Inspection of the drum should always be made to determine the amount of congestion and bulging. Paracentesis should be more often and more promptly employed, and in this connection Korner's statistics were quoted in which in acute middle ear inflammation paracentesis on the first day resulted in complete healing

on the seventh; on the second day, healing on the ninth; on the third day, on the fourteenth; on the fourth day, on the fifteenth; on the fifth day, on the sixteenth; on the sixth day, on the twenty-fourth, and on the seventh day, on the twenty-sixth. Korner also reports ninety cases of mastoid involvement requiring operation, in only fourteen of which had a paracentesis been done, and in only four of the fourteen had the paracentesis been done before the third day. In forty-three cases of mastoiditis in which an operation was performed no paracentesis had been performed, and during the same time 1,200 cases of acute suppuration of the middle ear had been promptly operated by paracentesis without a single case of subsequent mastoid involvement. Dr. Bulson said that his own experience was in line with the statistics published by Korner, for he had noted that in no case of acute inflammation of the middle ear in which an early paracentesis had been performed had there subsequently developed mastoid involvement. Furthermore, suppuration always continued longer following a late paracentesis or spontaneous rupture. He reported five recent mastoid cases operated during one week, in not one of which had paracentesis been performed. During the preceding three weeks paracentesis had been performed on twenty cases early in the history of the trouble without the development of a single mastoid case. He therefore was a strong advocate of early paracentesis, believing that it relieves the congested tissues of the middle ear and by affording an avenue of escape for infectious material prevents in a very large measure extension of infection to the mastoid cells and neighboring pneumatic spaces. The subjective and objective symptoms of mastoid involvement bear little relation to the pathological condition of the mastoid. Generally speaking the greater the external symptoms the less likelihood there is for brain complications. Temperature is the least important guide. Prostration is always a symptom of import and may be sufficiently diagnostic when associated with persistent tenderness over the mastoid. Redness and bulging of the posterior and superior wall of the external meatus when present is a certain indication of mastoid involvement. As early treatment, direct cold applied to the mastoid is indicated, but if pain and tenderness does not disappear at the end of twenty-four hours operation should not be delayed. For acute mastoid involvement nothing further than a Swartz operation is indicated. For an

acute mastoid involvement on top of an old chronic suppuration of the middle ear the radical Swartz-Stacke operation is warranted. Politizerization during an acute suppuration of the middle ear is harmful and may facilitate the introduction of the infection into the mastoid cells.

Dr. S. H. Havice said that in the majority of instances the infection in an acute suppuration of the middle ear comes from the nose and throat and, therefore, treatment of the nose and throat diseases not only lessens the liability of middle ear inflammation, but assists in relieving the ear inflammation after it is once established. He believes adenoids in children to be responsible for many ear aches and advises more attention to this class of affections. It is always advisable to establish drainage through the eustachian tube whenever possible, and in some acute ear troubles contracting the mucous membrane around the orifice of the eustachian tube by means of adrenalin is sufficient to produce relief by re-establishing drainage which has been cut off by the turgesence at the orifice of the tube.

Dr. K. K. Wheelock said that acute suppurative middle ear inflammation is a question of infection. With the presence of muco-purulent secretion in the middle ear there is no better way of getting rid of the infection than by drainage through the tympanum, and nature attempts to effect drainage in that way by producing bulging and later rupture of the membrane. If an acute middle ear trouble does not promptly subside under rest, purgatives and hot applications, then paracentesis becomes advisable and is always indicated when there is bulging of the tympanic membrane, no matter what time the inflammation has existed. For the relief of pain in acute ear troubles he says that salicylate of soda has served him best. Does not have any faith in ear drops of any kind, and believes the Wild's incision and blistering to be harmful in that they so disguise the external evidences of deep seated inflammation as to make diagnosis difficult. Is very much in favor of dry gauze packing, which through capillary action drains the middle ear cavity of fluid, but thinks this treatment applicable only when the discharge is scanty and more or less watery in consistency.

Dr. G. W. McCaskey said he desired to ask the essayist if a blood count was of any service in indicating the existence of a purulent inflammation in either the middle ear or the mastoid

cells, and if it could be used to any practical importance as determining the necessity for operative interference.

In closing the discussion Dr. Pierce said that all secretions are thrown out to resist invasion. The character of the infection has much to do with the course and prognosis of the inflammation, as also the necessity for surgical interference. Most cases of middle ear suppuration are a mixed infection, though some of the milder cases contain only the staphylococcus. A streptococcic invasion is always considered serious and offers a less favorable prognosis. A blood count is significant when there seems to be no other cause other than the ear or mastoid affection to account for the increase of leucocytes. In some cases, however, in which operation discloses pus and carious processes, the blood count proves of little significance. As to the necessity for paracentesis Dr. Pierce said that he did not open the drum as often as he once did in the early years of special practice. He admitted that he was in the minority when he advocated waiting for bulging of the drum membrane before performing paracentesis. The statistics of Korner, quoted by Dr. Bulson, would seem to be convincing as to the efficacy of early paracentesis, and yet he ventured to say that if Korner would place the same patients under proper treatment and delay paracentesis until there was evidence of bulging the statistics would be equally as favorable. Dr. Pierce further said that in his judgment the combination of ten per cent. of carbolic acid in alcohol, glycerine and acetic acid, applied to the drum and external canal by means of a strip of gauze packing, had lessened the necessity for paracentesis.

On motion of Dr. Bulson the society extended a rising vote of thanks to Dr. Pierce for his address.

Adjourned. J. C. Wallace, Secy.

MEETING OF APRIL 12th.—Society was called to order by President Morgan, with twenty-five members and guests present.

Dr. G. W. McCaskey presented a patient suffering from esophagectasia, in which there was a dilation of the greater portion of the esophagus. Patient male, aged 54, laborer; reported that eight years before he began to have choking spells during meals and encountered not only difficulty in swallowing but regurgitation of food. This gradually got worse, though the pa-

tient was always able to get enough nourishment into the stomach to keep up strength. The dilatation begins eleven and one-half inches from the incisors and extends to seventeen and one-half inches from the incisors, and here the esophagus is decidedly narrowed. By means of the stomach tube the esophagus was filled with water to demonstrate its capacity. Also illustrated the use of the McCaskey intra-esophageal bag in finding the locality of the stricture. As treatment Dr. McCaskey recommended complete rest of the esophagus, cleansing and electricity.

Dr. M. F. Porter read a paper on "Torsion of the Pedicle of Ovarian Cysts." He said that in his personal experience he has not found this condition in more than five per cent. of cases. It occurs with equal frequency in right and left tumors. In the majority of cases he found three complete twists. In none did he find short pedicles nor in any were the pedicles of unusual length. In one case the torsion occurred in a girl of ten years who had never menstruated. The peculiar dark cherry red color of the pedicle is due to extravasation into the wall. Extravasation in the cyst produces a slate color. This color should not be mistaken for that of gangrene. Hemorrhage into the tumor explains the rapid growth. Omental adhesions are quite frequent. Torsion of the pedicle of ovarian cysts is most likely to be confounded with ruptured ectopic pregnancy, but the tumor in an ectopic pregnancy is not so large as in torsion of the pedicle, owing to the fact that the rupture occurs early in pregnancy and so the tumor is not so large. He regards shock in most surgical cases as indications for immediate operation. Two cases were reported.

On motion of Dr. Bulson Dr. Porter's paper was referred to the State Medical Association.

In opening the discussion Dr. E. J. McOscar said that the force of gravity would count for the shape and rotation of the tumor.

Dr. Maurice Rosenthal reported cases in which he had seen four twists, and from one to three twists were fairly common in ovarian cysts. He had not observed any difference as to right and left tumors, though some authors had reported that torsion occurs more frequently on the left side.

In closing the discussion Dr. Porter said that in differentiating from or mistaking torsion of the pedicle of ovarian cysts for appendicitis no error ought to occur if one considers that in ap-

pendicitis there is not usually a movable tumor, or if so, it is a complicated condition.

Dr. G. W. McCaskey read a paper on "The Diagnostic Value of Leucocytosis." He called attention to the various kinds of leucocytes and their significance and gave conclusions. The paper was referred to the State Medical Association. It was discussed by Drs. B. Van Sweringen, L. P. Drayer, B. W. Rhamey, Maurice Rosenthal and B. P. Weaver.

Dr. B. Van Sweringen read a paper on "A Discussion of Some of the Phases of Tuberculosis." He said that in the prevention of the disease it was a question of rendering individual immunity to disease. Anti-spitting ordinances and compulsory notification of cases are good only in that they teach the public the danger of the disease. As tuberculosis is a house disease, these cases should have pure air night and day, or, in other words, live out of doors. State and municipal sanitoria should be established and patients everywhere should be instructed as to the necessity for open air life. In the diagnosis of the case it is difficult to discover it in incipiency. Progressive loss of weight, chronic hoarseness, and continued indigestion without apparent cause are suspicious symptoms. The flouroscope is an aid to diagnosis and inflammatory areas not readily detected by the stethoscope may frequently be outlined with the flouroscope. The injection of tuberculin is by far the most satisfactory means of determining the presence of tuberculosis in its early stages.

Dr. G. W. McCaskey in opening the discussion said that we must fight the germ. Physical signs do not give the information we need in early diagnosis. The mere fact that there is evidence of consolidation in the lungs is insufficient to diagnose tuberculosis. Does not believe a small dose of tuberculin is sufficient to produce reaction in some cases of tuberculosis. Thinks at least 25 m. g. should be used.

Dr. L. P. Drayer said that the manner of infection in tuberculosis depends largely on the age. In infants it is obtained by ingestion; in adults it is obtained by inhalation. Believes that tuberculin is a satisfactory means of determining tuberculosis in the early stages. Is satisfied that out of door treatment, even in this climate, is sufficient to produce a cure for cases taken sufficiently early.

Dr. C. B. Stemen said that one reason the disease is a house disease is because our carpets, draperies, and other furnishings afford facilities for the collection of dust and germs. He believes that those who are predisposed to tuberculosis should live in houses that are not only well ventilated, but reasonably free from carpets and draperies.

On motion the paper was referred to the State Medical Association.

Dr. Maurice Rosenthal presented an abstract of a paper on "Vaginal vs. Abdominal Hysterectomy," which on motion was referred to the State Association without discussion.

Dr. B. Van Sweringen was elected a member of the house of delegates to the State Association to serve for two years.

On motion Dr. G. M. Leslie was allowed to honorably withdraw from the Society, owing to the fact that he has ceased to practice medicine.

Adjourned. J. C. WALLACE, Secy.

Meeting of the Indiana State Medical Association.

The Indiana State Medical Association held its annual session for 1904 at the German house, Indianapolis, on Thursday and Friday, May 19 and 20. Owing to the central location, and the fact that the Association has incrased in membership during the year as a result of the reorganization, the attendance was somewhat larger than usual, over five hundred being registered on the last day. The German club house where the meetings were held was admirably adapted to all the purposes of the Association, and the committee on arrangements provided a series of entertainments which made the meeting a success from a social standpoint. The scientific program was undoubtedly the best ever presented before the State Association, the papers being read before two sections, one on medicine the other on surgery. The papers read before the general session were as follows:

Report of Committee on State Medicine, J. N. Hurty, Indianapolis; Report of Committee on Tuberculosis, Theo. Potter, Indianapolis; Pulmonary Tuberculosis, W. A. McCoy, Madison; Some Phases of Tuberculosis, B. Van Sweringen, Fort Wayne; Laryngeal Tuberculosis, L. C. Cline, Indianapolis; Some Later Day Tendencies in Medical Education, Stanley Coulter, Lafayette; Pathology and Sanitarium Treatment of Drug Ad-

dictions, A. E. Sterne, Indianapolis; Treatment of Drug Addictions in Public Institutions, Martha J. Smith, Indianapolis; Leukaemia, Robert Hessler, Logansport; Cancer of the Larynx, W. H. Williams, Lebanon; A Plea for the More Extended Use of Active Principles, W. A. Boyden, Anderson; Patent Medicines, H. J. Hall, Franklin; Criminal Degeneracy, Harry Sharp, Jeffersonville; Medical Legislation, W. P. Whery, Fort Wayne.

The papers read before the Surgical section were as follows: Modern Principles in Treating Fractures, J. B. Fattic, Anderson; Present Treatment of Fractures of Forearm, J. E. King, Richmond; Important Triangles of the Thigh, H. R. Allen, Indianapolis; Strangulated Hernia in the Very Old, D. C. Peyton, Jeffersonville; Torsion of Pedicle in Ovarian Cysts, M. F. Porter, Fort Wayne; Diagnosis of Supra and Sub-Diaphragmatic Suppuration, J. R. Eastman, Indianapolis; Individual Names in Anatomical Studies, G. W. H. Kemper, Muncie; Clubfoot, J. H. Oliver, Indianapolis; Vaginal vs. Abdominal Hysterectomy, M. I. Rosenthal, Fort Wayne; The Typhoid Ulcer—Its Surgical Aspect, T. B. Noble, Indianapolis; Intestinal Obstruction, L. C. Bowers, Richmond; Extra-Uterine Pregnancy, M. A. Austin, Anderson.

The papers read before the Medical section were as follows: Paretic Dementia, E. C. Reyer, Indianapolis; The Municipal Water Supply, S. C. Norris, Anderson; Occipito-Posterior Presentations, E. J. McOscar, Fort Wayne; Asthenopia, D. W. Stevenson, Richmond; Extra-Genital Chancre; a Social and Medical Consideration of Syphilis, N. D. Brayton, Indianapolis; Treatment of Typhoid Fever, C. P. Runyan, Elwood; Diagnostic Value of Leucocytosis, G. W. McCaskey, Fort Wayne; Present Status of the X-Ray in Therapeutics and Diagnosis, A. M. Cole, Indianapolis; Can X-Ray Cure Cancer?, O. E. Druly, Anderson; Aeorgenes Capsulates Infection, Chas. Trueblood, Anderson; Clinical Consideration of Arterio-Sclerosis, A. C. Kimberlin, Indianapolis; Diabetes, L. P. Drayer, Ft. Wayne; Optic Neuritis, G. A. Whitledge, Anderson; Etiology and Diagnosis of Scarlet Fever, A. L. Wilson, Indianapolis; A Stereopticon Demonstration of Blood Corpuscles, C. S. Bond, Richmond.

The evening session was devoted to the address of the president, Dr. Jonas Stewart, of Anderson, and the address by special invitation on "What the Community is Doing and Can Do for

Tuberculosis," by Dr. W. A. Evans, of Chicago. The usual reports on Necrology, Inebriety and Pathology were made before the general sessions.

The Council met in regular session the day before the Association and received reports from the verious districts of the state with reference to reorganization. With the exception of two districts the state was reported as thoroughly organized according to the new plan adopted at the Richmond meeting. The secretary of the Council reported that up to date he had issued seventy-one charters, some of which had been issued to two counties joined under one society name. The Council also met on every day of the meeting of the Association. It elected Dr. A. W. Brayton editor of the transactions for the ensuing year and fixed his honorarium at one hundred dollars, as in the past. It also made numerous recommendations to the House of Delegates. The House of Delegates met at 2 p. m. on the day preceding the meeting of the Association, but owing to inability to secure a quorum the meeting was adjourned until 8 p. m.. At the latter hour a quorum being present the regular business of the Association was taken up. The by-laws of the Association were changed so that the representation from county societies "shall be one for each one hundred members or major fraction thereof." They were also amended so that the first meeting of the House of Delegates shall be held at 8 p. m. on the night preceding the first day of the session of the Association. The honorarium of the secretary was fixed at three hundred dollars without percentage on collections. The honorarium for the chairman of the Committee on Necrology was fixed at ten dollars. The amount appropriated for the Committee on Pathology for the year 1904 was fixed at one hundred dollars.

The matter of establishing a journal of the Indiana State Medical Association, as recommended by the Council, was referred back to the Council with the request that the matter come up for further consideration at the next annual meeting. The proposition from Dr. A. E. Sterne that the Association make the *Medical and Surgical Monitor* the official organ of the Association was laid on the table.

At the session of the House of Delegates on the last morning of the meeting officers and councillors were elected, and the place for the next meeting selected. The officers for 1905 are as fol-

lows: President, Dr. Geo. T. McCoy, Columbus; first vice-president, Dr. Homer J. Hall, Franklin; second vice-president, Claude T. Hendershot, Cannelton; third vice-president, David J. Loring, Valparaiso; secretary, F. C. Heath, Indianapolis; treasurer, Albert E. Bulson, Jr., Fort Wayne. Councillors—First district, W. R. Davidson, Evansville, one year; Second district, Geo. Knapp, Vincennes, two years; Third district, Harry Sharp, Jeffersonville, three years; Fourth district, W. H. Stemm, North Vernon, one year; Fifth district, M. A. Boor, Terre Haute, two years; Sixth district, D. W. Stevenson, Richmond, three years; Seventh district, W. H. Wishard, Indianapolis, one year; Eighth district, G. W. H. Kemper, Muncie, two years; Ninth district, P. J. Barcus, Crawfordsville, two years; Tenth district, E. J. Blinks, Michigan City, one year; Eleventh district, Robert Hessler, Logansport, two years; Twelfth district, Albert E. Bulson, Jr., Fort Wayne, three years; Thirteenth district, C. A. Daugherty, South Bend, one year. Members of the House of Delegates to the A. M. A.—Edwin Walker, Evansville, two years; C. A. Daugherty, South Bend, two years; W. N. Wishard, Indianapolis, one year; D. C. Peyton, Jeffersonville, one year.

West Baden was selected as the place for the next annual meeting.

NEWS NOTES *and* COMMENTS

Antitetanic Serum as a Prophylactic Against Tetanus.

It has been shown that guinea-pigs, and other animals inoculated with the poison of tetanus, survive when treated at once with Antitetanic Serum. In France, Nocard observed 375 animals of various kinds, all of which had been wounded, accidentally or surgically, and subjected to tetanic infection. These animals were given Antitetanic Serum at once, before the disease had time to develop. As a result, not a single case of tetanus occurred among them. On the other hand, he noted 55 traumatized animals that had been exposed to tetanic infection, every one of which developed the disease.

In the August, 1899, number of *Medicine,* Prof. Geo. F. Butler, M. D., says: "Dr. Joseph Hughes, one of the most eminent and conservative veterinary surgeons in Chicago, has used the serum as a prophylactic in over 500 cases following wounds, both surgical and accidental." Not a single case of tetanus has developed, though Dr. Hughes has used the serum where by former experience he was justified in expecting the disease to manifest itself.

From this and similar reports it has been proposed to immediately inject Antitetanic Serum in every case of traumatism of a suspicious character, hoping in this manner to prevent the subsequent development of tetanus. The serum is harmless to man and may be given hypodermically as the other serums. Nocard recommends that a first injection of ten cubic centimeters should be made as soon as possible after traumatism. A second injection should follow in from twelve to fifteen days.

It has been suggested to inject prophylactically all new-born infants in certain sections of Europe in which trismus neonatorum prevails.

In the *Therapeutic Gazette* for February 15, 1903, the editor directs attention to the fact that "although tetanus is, comparatively speaking, a rare disease, it is sufficiently frequent and fatal to make an antitetanic serum a much sought for remedy." He also pointed out the fact that the failure of antitetanic serum de-

pended "not upon the fact that it was possessed of no virtue, but rather because it was used too late to combat the disease." The same writer expresses the view that, "one fact stands out above all others, and that is, that thoroughly good results cannot be expected from antitetanic serum unless it be given in the very earliest stages of the infection. So true is this that experienced observers have insisted that its best results can be obtained only when it is administered immediately after exposure to infection, without waiting until the micro-organisms have had a chance to develop in the body and produce early symptoms of poisoning.

The editor of the *New York Medical Journal,* in the issue of March 26, 1904, remarks that "the present drift of opinion seems to be to the effect that tetanus antitoxin while probably of considerable prophylactic efficacy is of little use as a curative agent." At a meeting of the Paris Society of Surgery, according to the same editorial, M. Labbe expressed the view, that since the injection of antitetanic serum has been employed as a routine prophylactic measure, the disappearance of tetanus after surgical operations in horses was a prime fact in support of its preventive efficiency. Furthermore, recent experience in the immediate topical employment of antitoxin in cases of toy pistol injuries appears to support our trust in its prophylactic value.

Bazy (*Bulletins et Memoires de la Societe de Chirurgie de Paris,* 1896, N. S., XXII, 186, 191), had four cases of tetanus develop in his wards. From that period he applied preventive treatment to all cases of wounds admitted to his service. He made 21 preventive inoculations of 10 cubic centimeters each. None of these patients developed tetanus, although he says their wounds belonged to the category which includes most cases of the disease.

Dr. Joseph McFarland, in the *Journal of the American Medical Association* for July 4, 1903, reports the results of a series of observations upon 800 horses which illustrate the value of antitetanic serum as a prophylactic agent. During a period of four years there had been a death rate of ten per cent. from tetanus, in spite of all precautions. A systematic immunization with antitetanic serum was then begun. Injections of 10 to 25 cc. of serum were given every three months. As a result the death rate from tetanus rapidly decreased, and in the second year had been reduced to less than one per cent. The author believes that

the practical conclusions to be drawn from these observations may be applied to the human subject. He thinks that antitetanic serum should be given as a prophylactic measure in all cases of suspicious wounds that are likely to be followed by tetanus.

Experiments made on guinea-pigs by the author demonstrated that the dried serum fully protects inoculated animals.

At the twenty-ninth annual meeting of the Mississippi Valley Medical Association, held at Memphis, Tenn., October 7, 8 and 9, 1903, Dr. S. C. Stanton, of Chicago, contributed a valuable statistical paper on "The Prophylaxis of Tetanus" (the *Medical News,* October 31, 1903, page 860). Among the various prophylactic measures recommended by the author were the open treatment of all wounds, however insignicant, in which from the nature of surroundings there was any risk of tetanus—the immediate use of antitetanic serum in all cases of Fourth of July wounds, wounds received in barnyards, gardens, or other places where the tetanus bacillus was likely to be present, or tetanus infection to occur.

Personals.

Dr. and Mrs. W. F. Shumaker, of Butler, Ind., have formally announced the birth of a son on May 10th, 1904. The new arrival is the first boy in Dr. Shumaker's family of five children.

Drs. B. Van Sweringen, M. F. Porter, A. E. Bulson, Jr., G. L. Greenawalt and J. M. Dinnen, of Fort Wayne, attended the Atlantic City meeting of the American Medical Association. Drs. Van Sweringen and Bulson were accompanied by their wives.

Dr. Edwin Knepper, of Ligonier, Ind., died at his home on Friday morning, April 29th, aged 70 years. Dr. Knepper was one of the best known physicians in Northern Indiana, and throughout his professional career enjoyed the confidence and respect of the medical profession, of which he was an honored and valuable member. His funeral, which occurred on Sunday, May 1st, was very largely attended, and prominent medical men from various cities and towns in Northern Indiana acted as honorary pall-bearers.

Flushing the Sewers.

Byron Robinson asserts that the bowels are best drained by drinking half a pint of hot water containing one-half to a whole teaspoonful of magnesium sulphate, by going to stool at regular hours daily, and by eating food which leaves a residue. The kidneys are best drained by drinking three pints of half normal salt solution daily. The skin is well drained by daily salt rubs. A very efficient and useful drainage treatment of gynecologic patients consists in drinking five to fifteen drops of an alkali mixture, made with one ounce Socotrine aloes, two ounces each of fluid extract of cascara sagrada and potassium bicarbonate, three ounces each of sodium bicarbonate and magnesium sulphate, four ounces of glycerin, and water up to one pint. The dose of this mixture, given in a glassful of half normal salt solution every two hours (six times daily) for some months, establishes daily free evacuation of the tractus intestinalis, and increases the amount of urine and sweat. This treatment drains waste-laden materials from the body, stimulates the appetite, flushes the tissues and invigorates the circulation.—*Denver Medical Times.* L.

The Harlem Fit Thrower.

"The Champion Fit Thrower of Harlem" threw a fit so successfully recently in one of the streets of New York as to arouse the sympathy of the female onlookers who congregated about him to such a pitch that they insisted on his being taken to a hospital in an ambulance in spite of the protest of the ambulance surgeon, who recognized him. After being taken to the hospital he was tested in various ways, such as pin pricking, application of hot irons, etc., with negative results, but when one of the doctors suggested a scalding hot bath he jumped from the cot and tried to escape, but was caught, acknowledged the sham, and was sent to jail.

Vacation.

Doctor, remember the old professor's parting advice and take your vacation: "Gentlemen, when you get to fretting too much about the serious condition of some patient, remember that God is good—that nineteen patients out of every twenty get well anyhow."

Contract Medical Practice.

The Stearnes-Benton (Minn.) County Medical Society has determined to strike from its rolls all members doing contract work for less than minimum prices for societies, orders, etc. Due notice will be given the guilty ones and if they do not reform they will not be consulted with nor called in consultation by their former confreres.

M. D.'s in United States.

According to the *Daily Medical,* there are about 200,000 doctors in the United States, or about one for every 350 people, and the average yearly income of these men is approximately $750.

Decreased Birth Rate in London.

There are 500 births a week fewer in London than twenty years ago.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

New Observations Upon Neuroses of Anguish.

Hartenburg, in *Archives de Neurologie,* after Freund, of Vienna, and upon his own studies, classifies the subject: (1) General irritability, including often auditive hyperesthesia; (2) a state of habitual anxious expectation of some evil which threatens; (3) crises of acute agony, beating of the heart, etc.; (4) equivalents of crises, represented by nocturnal fright, with distressing dreams, etc., variations of general nutrition with periodic fattening or emaciation; (5) phoebies and obsessions.

The first observation cited is that of a married woman, Madame L., twenty-six years of age, mother of a child four and one-half years. She was in great mental distress, the origin of which was as follows: While absent from her home, "a friend of the house made courtship to her and engaged her in a flirtation sufficiently advanced. There was great reciprocal attraction; the situation became perilous for the honor of the young woman, when suddenly the gallant friend, seized with remorse, put an end to their relations. They almost ceased from seeing each other." This, instead of calming her for the future, induced bitter remorse. She was in continued inquietude. A thousand questions arise in her mind. "Does she still love her husband? her child? She is a great criminal. She ought to be punished. What misfortune will happen to her; how escape them?" She weeps, is in despair, and calls for death to relieve her from her martyrdom. Somatic troubles accompany the mental state, etc. The author institutes a tonic and reconstituent. While she improves in bodily health, sleeps, etc., the obsession, fear of punishment with scruples, reproaches, ideas of suicide, continue, and after six months the mental troubles have subsided, but not disappeared. The neurasthenia is rapidly cured; the neuroses of agony is not amended till much later.

The author next propounds with qualified approval an hypothesis of Freund that neuroses of anxiety are caused by insuf-

fficiency of satisfaction of sexual want. He reports in his own practice the case of a widow, who afterward remarried, which gave some evidence of Freund's opinion. He also reports in much detail a case of neurosis of anxiety produced by the emotions of automobilism. In 1899 M. F. commences automobiling —at first with a tricycle, then with a voiturette, and lastly with a carriage of six horse-power. In May, 1899, he journeys from Nice to Macon, with four halts. The first three days pass without incident in spite of the great fatigue produced by the close attention required in guiding the carriage. The fourth day, in getting out at Neufchateau for luncheon, he finds himself greatly indisposed. He experiences severe pain in the epigastric region, like that in extreme emotion. His teeth chatter, he shivers, has violent beating of the heart, and is assailed with fear of sudden death. In October following, after three days' journey in the automobile, he dines with good appetite and sleeps at Avignon. Towards 11 o'clock he is awakened with an atrocious terror. It seems to him that it is the end; that his heart will break; that he will instantly die—all this subsides in half an hour. A medical consultation reveals no heart lesion, and attributes the symptoms to a gastric state. M. F. has given up the automobile. Apropos of this, on page 480 of this number there is a report of a meeting of the Society of Hypnology and Psychology, at which there were remarks upon the psychology of speed.—*Jour. N. & M. Diseases.*

Remarks on Gastrosuccorrhoea and Tetanic Attacks Occurring with Chronic Ulcer of the Stomach.

He says: "There are two varieties of gastrosucchorrhoea—the periodic and the chronic. In the periodic form we have to deal with attacks of vomiting gastric juice, coming on spasmodically and lasting from a few hours to several days. The condition has been attributed to a morbid over-activity of the secretory nerves of the stomach, which is regarded as a neurosis by itself, as a symptom accompanying hysteria or neurasthenia, or as a symptom occurring in the form of gastric crises in tabes and other spinal diseases. The remaining symptoms occurring with such attacks, pyrosis, headache, gastric pains, and vomiting, are classed as secondary manifestations. The same attacks have, however, been described by a number of other writers under

different titles, the name depending upon the symptom regarded as being the most important. Thus Leyden refers to them as 'periodic vomiting,' Streubing classes them with disorders which he designates as 'angioneurotic oedema;' Rossbach, who considers the increased secretion of the hydrochloric acid as the chief factor in the condition, calls them 'gastroxynsis.' They are also found in descriptions of nervous diseases. Mobius, for example, associates them with migraine. I shall not further discuss this group of cases of periodic gastrosuccorrhoea, the pathogenesis of which is still very vague. The secretion of large quantities of gastric juice accumulating in the stomach independently of the ingestion of food may play an important role. However, all that has thus far been taught about the relations of the various symptoms to one another, and especially in regard to the point whether this increased secretion of gastric juice is the primary or only secondary factor in the attacks, is still altogether hypothetical.

"In chronic gastrosuccorrhoea the conditions are entirely different, since it is not of a nervous character, but is dependent upon anatomical changes of the stomach or duodenum. In these cases it can be demonstrated that the presence of fluid in the fasting stomach invariably means a motor disturbance, and that the view that chronic gastrosucchorrhoea is a disease per se is not well supported.

"The fact that the presence of gastric juice always means a retention of secretion due to motor insufficiency does away with one argument often put forth in support of the theory that gastrosuccorrhoea is a primary and independent secretionary disorder—the argument that the secretion of gastric juice takes place without influence of direct irritation (stimulation by food), but purely as the result of the pathologically increased activity of the secretory nerves. For even small quantities of food particles are sufficient stimuli for the secretion of gastric juice, particularly when they lie directly on an ulcer, and when nothing but fluid is retained this stagnating fluid acts as an irritant. The more sensitive the mucous membrane the greater the quantity it will secrete. The constant irritation of this stagnating fermenting fluid must in time increase the irritability of the mucous membrane and lead to anatomical changes.—*Amer. Jour. Med. Sciences.*

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

The Treatment of Bright's Disease.

A. R. Edwards, in *Medicine,* April, 1904, reviews the treatment of Bright's disease and corrects some old ideas concerning the dietetic regimen, based on Von Noorden's studies of the excretion of metabolic products as compared with their ingestion. Milk, he says, as an exclusive diet in disease, has some very alarming deficiencies which must influence us to abandon the exclusive milk diet so long in vogue, in favor of a more mixed regimen which will better fulfill the needs of the economy without exerting at the same time any detrimental effect upon the kidneys. Milk undoubtedly contains all the food elements necessary to the maintenance of nutritive equilibrium for a a period at least, but in order to furnish the body with nutritive calories sufficient for the preservation of the systemic tissues (2,500 cal.) a quantity fully equal to from three to four liters of milk is necessary. Now it is possible to reduce the amount of ingested proteids to sixty grammes per day in a healthy individual for two or three weeks without detriment to the general nutrition. What is possible in this direction in the healthy adult is unquestionably possible in the invalid confined to bed. We find on estimation that three liters of milk represent from 100 to 120 gms. of proteid, a quantity largely in excess of the minimum required. Under such a regimen not only are the stomach and blood vessels required to handle enormous quantities of fluid, thus subjecting them to a high degree of functional strain, but the kidneys are unable to excrete the large quantity of urea which results from the disassimilation of so much albumen. These considerations must influence us to a modification of the milk regime and the plan advocated by Von Noorden is to add cream to the milk in the proportion of one to four.

The amount of nutriment in from one and one-half to one and three-quarters liters is ordinarily sufficient to maintain a good

state of nutrition in patients who are forced to remain in bed. He calls attention also to the fact that Kaufmann and Mohr have demonstrated that no appreciable difference exists in the nitrogen output as between light and dark meats, and that the nephritic patient may therefore be allowed a ration of red meat. He deprecates the practice of ordering large amounts of water to flush out the kidneys, because it raises blood pressure and because in acute nephritis water is one of the substances excreted with difficulty. So long as dropsy is present great benefit may follow restriction of liquids.

Attention is called to the treatment by dechlorination suggested by Widal and Javal, who found that by excluding as far as possible all chlorides from the diet they could bring about a marked reduction in the amount of oedema and a diminution in albuminuria. The author refers to two cases in which this was carried out with benefit and speaks favorably of the idea.

Under "Medicinal Treatment," the author says: "The ideal routine treatment (for acute nephritis) is constituted by a properly adjusted diet, absolute rest in bed, external warmth, and regulation of elimination by the skin and bowels. All drugs belonging to the class of diuretics are to be avoided during the acute inflammatory stage, their employment being a violation of the first principle of the treatment of inflammation, *i. e.*, rest to the diseased part. Even the simple alkaline diuretics form no exception to this rule."

For chronic nephritis during the stage of high arterial tension the iodides are employed for their vasodilator action. Small doses twice or thrice a day during alternate months for long periods of time are attended by the "greatest ultimate benefit to the heart and comfort of the patient."

In regard to decapsulation he says that "results so far do not justify the inclusion of this procedure as part of the established treatment of Bright's disease."

Dietetic Treatment of Arteriosclerosis.

T. L. Coley, (*Medical News,* Feb. 13, 1904,) contends that the quantity of food should be greatly reduced in arteriosclerosis. Not more than one-half or two-thirds of the general average for the body weight should be administered. Proteid foods are to be reduced, but not excluded. Meat should be taken only once daily,

and then in small quantity. The food should be well cooked, and fats or other substances difficult of digestion should be administered sparingly. Alcohol, tea, coffee, cocoa, and tobacco are to be forbidden or used with extreme moderation. Excessive water drinking or drinking large quantities of any fluid must be curtailed. The regulation of meals is important. Breakfast should consist of fruit, a cereal with cream, and perhaps an egg poached or soft boiled. There should be an interval of five or six hours between breakfast and dinner, and the heaviest meal should be taken in the middle of the day. It is not advisable to place too many restrictions upon what the patients shall have for dinner. It may consist of fish, soup, meat and vegetables, but over-feeding is to be avoided. Between dinner and supper five or six hours should elapse, and this meal must be light and consist mainly of fruit and cereals. Generally speaking a comparatively dry diet is indicated, and the patient should eat nothing between meals.—*Medicine,* April, 1904.

The Action of Saline Purgatives and Diuretics.

Following his report of last year on the action of certain saline purgatives, J. B. MacCallum has recently carried out some further researches on these substances, and also on certain saline diuretics. It will be remembered that in his former communication MacCallum brought out several facts which greatly altered our conception of the action of saline purges. He showed that such purgatives act, not only when introduced through the intestinal tract, but also when introduced through the skin. He further pointed out that purgative action of the salts was partly due to increased peristalsis and partly to the increased secretion of fluid into the intestine, both of which processes he observed directly. He compared the action of these salts on the intestine to their action in producing nervous hypersensitiveness and muscular twitching in voluntary muscles, phenomena which Loeb's work has made well known. He likewise showed that the salts of calcium, which counteract the action of the purgative salts on voluntary muscles, have the same effect on intestinal muscle, and he suggested the possible usefulness of calcium salts in nervous

1. American Journal of Physiology, Vol. x, No. 3.
2. University of California Publications, Vol. i, Nos. 10, 13, 14.

diarrhea. He pointed out the dangers attending the use of the barium and magnesium salts, and the apparent harmlessness of the sodium salts.

In his latest work MacCallum has studied the effect of the same series of salts on loops of intestine completely isolated from the body. The object of this work was to study particularly the effect of the salts on the secretion of fluid into the lumen of the intestine. The results which were obtained were completely confirmatory of his first series of experiments. The salts which act as purgatives produce increased peristalsis in a loop of intestine removed from the body and placed in solutions of them, and in certain strengths they also cause the secretion into the intestinal lumen of a fluid resembling intestinal juice. In this set of experiments also the effect of the saline purges was neutralized by the calcium salts, which stopped the peristalsis and prevented the secretion. One practical point is suggested by MacCallum as the result of these experiments, and that is that the expulsion of saline enemata, which is so commonly seen and which is due to the peristalsis produced by the sodium chlorid, may be prevented by the addition of a small amount of calcium chlorid to the enema.

In his work on saline diuretics MacCallum used barium and sodium chlorid. He found that sodium chlorid produced a uniform increase in urinary secretion, which was greatly aided by the introduction of small quantities of barium chlorid into the blood. Larger quantities of barium chlorid caused suppression of urine, probably by causing intense contraction of the musculature of the urinary passages rather than by inhibiting secretion. Calcium salts inhibit the flow of the urine just as they inhibit intestinal action.

It would seem from this experimental work that the common factor underlying the action of saline substances as secretory and muscular stimulants, has been discovered, and accounts for the action of these substances on as different structures as the intestinal canal, the urinary tract and the salivary glands, which have as common elements muscular and secretory structures.—*Jour. A. M. A.*

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

The Ultimate Results of Primary Iridectomy for Glaucoma.

Iridectomy is indicated in all forms of glaucoma, as it is possible to obtain a favorable result even in a late stage. The prognosis is better the earlier the operation is performed, and is more favorable in the prodromal stages, because no anatomic changes have become established in the eye. A good prognosis is also offered in acute glaucoma, as the visual disturbances are produced in this case by the great cloudiness of the media and the ischemia of the retina. Iridectomy reduces intra-ocular tension to normal, and in this way removes these conditions. In typical simple glaucoma the prognosis is bad. Hence iridectomy is only to be recommended in those cases in which there is well marked increase of intra-ocular tension, when the central vision is still good, and there is absence of decided contraction of the visual field. Sclerotomy and secondary iridectomy improve the results of a primary iridectomy. Treatment with myotics alone is insufficient, and only to be employed when operative interference for some reason is contraindicated.—G. Wygodsky (*Westrik Ophthalmologic,* 1903, *rev. in Wochenschr., f. Ther. u Hyg. des Auges,* January 8, 1904.)—*Ophthalmic Record.*

Methyl Alcohol Amblyopia.

Dr. W. H. Wilder, in the May *Ophthalmic Record,* adds another case to the list of cases of methyl alcohol amblyopia. The patient, a China decorator, 33 years of age, and a periodic drinker, drank a pint of methyl alcohol between 8 and 12 o'clock one forenoon, and by 6 o'clock in the evening had lost so much of his vision that he was barely able to count fingers. By the following morning he was completely blind and remained so for fourteen days, after which he recovered sufficient vision to be able to see moving objects in the temporal field of the left eye. For two weeks the improvement continued until he was able to go around

alone and could see large print close to the left eye. Following this the sight steadily failed, notwithstanding vigorous treatment with injections of strychnine and the internal administration of potassium iodide, tonics, etc. Two months after drinking the methyl alcohol he was pronounced hopelessly blind and was sent to the home for incurable blind at Jacksonville. The ophthalmoscopic examination showed very pale optic discs, with distinct lamina cribrosa, and marked sloping excavation. The retinal arteries were slightly narrowed; the veins seemed to be normal. Otherwise the fundus of each eye was normal.

Iridectomy for Glaucoma and Its Immediate After Treatment.

Dr. A. B. Hale, in the *Ophthalmic Record* for May, says that in any given case of glaucoma in which an iridectomy has been successfully performed, the immediate subsequent treatment becomes a question for consideration. The glaucoma has been treated by eserine, and it is taken for granted that up to the time of the operation the eye is under the influence of that drug. In an ordinary iridectomy, perhaps at once, surely after the corneal wound is closed, we feel tempted to use atropine to overcome the tendency to an active iritis, and in a glaucomatous eye the iris is more inclined to inflammation than in a healthy eye. The question arises, what shall we do, use eserine, or atropine, or neither? One of the most recent text-books says that eserine is indicated both before and after the operation. Some text-books advocate the use of atropine after the iridectomy in an endeavor to prevent inflammation. The problem is one which probably each individual solves according to his own experience. If the iridectomy is successful there is no need to continue the eserine, because the iris may thereby be irritated or even inflamed. On the other hand, if the iridectomy is not successful not only is there the danger of an induced iritis, but the condition of tension and retarded drainage will only for the time be overcome by the drug action, and the essential disease will go on till the influence on the eyeball is beyond control and the possibility of checking it by a second operation will be lost. Considering the operation apart from the glaucoma we might be inclined to use atropine at once to check what tendency toward inflammation the operation might carry with it, but here, too, there is danger since the iridectomy

may not be successful in restoring filtration and reducing tension. Consequently the drug might precipitate a fresh attack that otherwise would be escaped. Hale's conclusions are that it is best to use neither eserine nor atropine until the wound is healed and the eye is no longer to be considered a purely surgical matter. After that meet with drugs such conditions as may be present and indicated, but until that let the eye alone.

Ciliary Spasm of Hysteria.

According to Wood and Woodruff, the ocular signs are probably the most conclusive and most easily detected signs of petite and grande hysterie, and the peculiar ciliary spasm is probably the most important of these signs. The eye acts as if it were under the influence of eserine. The accommodation range is limited at both ends, and the patient reads or does other near work with difficulty. The punctum proximum and punctum remotum may approach, or even coincide, and the patient reads fine print nearer the eye than usual, or at a fixed point. This, when it occurs, may be regarded as conclusive evidence of hysteria. As a rule, there is a marked, but incomplete spasm of accommodation—the near point for distinct vision being always nearer the eye than normal. This false myopia is improved by concave glasses, and may be suppressed by the instillation of atropine.—*Denver Medical Times.*

Adenoids.

Dr. Melville Black calls attention to the importance of removal of the faucial tonsils along with post-nasal overgrowths, to prevent recurrence of the latter. He cites three instances in one family in which the adenoids returned after thorough ablation, owing to the failure to remove at the same time the hypertrophied tonsil present.—*Denver Medical Times.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

To Rob Labor of Pain.

For two weeks before the expected date of birth, give your primipara half an ounce of ol. ricini every other night; labor will be a dream.—*Medical Progress.*

(Yes, to the average individual most anything would be "a dream" as compared to two weeks' medication with castor oil.—Ed.)

Entrance of Air Into Veins.

Goodridge, as a result of experiments conducted in the physiologic laboratory of Columbia University, (*Am. Jour. Med. Sci.*) concludes as follows:

To the writer the following facts seem clear: (1) That entrance of air into the veins, even in small amounts, is to be dreaded, as it may result in death. (2) That death is due to gaseous distention of the right heart or to air emboli in the coronary vessels, and not to primary respiratory paralysis. (3) That combined treatment by aspiration and infusion we may expect to be attended with good results. In conclusion, he believes the statement "that large quantities of air may be introduced into the veins without unfavorable result" to be pernicious teaching and not supported by fact.

Differentiation of Appendicitis from Intestinal Obstruction.

Appendicitis is most common before the end of the third decade, says Battle (*International Clinics*), while intestinal obstruction other than intussusception (children) usually occurs after the fifth decade of life. A rigor at the onset is not uncommon in severe appendicitis. The temperature is almost invariably raised in appendicitis, subnormal in obstruction. Percussion, even quite light in appendicitis and peritonitis very often gives rise to far greater pain than palpation, while in obstruction the reverse ob-

tains. Typically in peritonitis the abdomen is rigid and immobile, while in obstruction it is soft and mobile, but clinically all degrees are seen between these extremes, and in the severely toxic or the last stages of peritonitis the abdominal wall becomes soft and pliable again. In appendicitis the patient lies quiet, with flexed hips and knees, the arms often being held above the head. In obstruction there is frequently extreme restlessness, intensified by the griping pains.

Bullet Removed from Heart.

The daily press reports that Prof. Manteuffel successfully removed a bullet from the back wall of the left ventricle, it having pierced the front wall. Both ventricular wounds were stitched, as was that in the pericardium. The patient was a girl. Recovery was complete, but prolonged by a pericarditis.

BOOK REVIEWS

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, with the collaboration of a dozen well-known medical writers throughout the world. Volume I. Fourteenth Series, 1904. Philadelphia. J. B. Lippincott Company. Price $2.00.

The present volume contains several papers upon each of the following general subjects: Treatment, Medicine, Surgery, Gynecology, and Neurology, while 114 pages are given to the year's progress in the various branches of medicine.

The general practitioner will be particularly interested in the papers of Dr. Edes, of Boston, and Dr. McCaskey, of Fort Wayne, on "What is the Cure for Neurasthenia?" and "The Treatment of Gastric Neurasthenia and Allied Conditions," respectively. We do not remember ever to have read better papers upon these topics.

A very timely paper is that of Dr. N. S. Davis, on "The Increased Prevalence and Mortality of Pneumonia During the Last Sixty Years, With Reference to Its Prevention and Treatment."

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S. M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV JULY 1904 No. 7

EDITORIALS

Jails as Breeders of Disease and Immorality.

That most of the jails, work-houses, and houses of detention throughout this country breed disease and crime is a statement beyond question. That such conditions exist as do exist in these institutions is a disgrace. It would seem that the lawyers would be particularly interested in bringing about the reforms so much needed along this line, but we are not aware that any effort in this direction worthy of the name has emanated from them. Thus far what has been accomplished has been through the laity, and especially the female portion of it. The chief object of jails, prisons, etc., is to prevent crime, while as a matter of fact they are, as at present managed, "schools in vice and crime." In most instances criminals of all classes and ages are thrown together, and to make a bad matter worse are kept in idleness in poorly lighted, badly ventilated, filthy, germ-infected quarters. Put a dozen young men of good morals in such com-

pany with such environment and keep them there in enforced idleness and if they do not all become criminals it will be a wonder. The majority of these institutions do not provide female attendants for the female inmates—a most excellent condition this, if the eradication of all vestiges of modesty and decency from the unfortunate inmates is the object sought. A man is supposed to be innocent until he is proven guilty, and yet if the truth is told prisoners are frequently subjected to severe torture in the so-called "sweat-box" before they are called to trial. Why not the hot pincers, the rack and screw, the water chamber and other relics of barbarisms? Or if these be considered out of date or lacking in refinement of torture, perhaps a pendulum after the pattern of Poe with the rats and other accessories might do.

The enforced idleness of able-bodied prisoners is an economic farce forced upon the people by the ignorant labor and socialist voter. But if it were nothing worse than this there would be less need than there is of the reform. The Prison Association of New York, speaking on this point (*Am. Medicine,* April 30, 1904,) says: "Here is an inert mass of humanity forcibly removed from society and manipulated like a stagnant pool in a corrupting miasma of inactivity, as if the only object of such an institution were to breed the scum of civilization and to propagate it in the community. For it must not be forgotten that the most of these men in the course of six or nine months are going out of prison worse than when they went in." With such schools as this the wonder is that criminal assaults are so few. For it would be hard to imagine a training more conducive to bestiality than a prolonged period of enforced idleness and celibacy in a company of criminals. Concerning the conditions in Illinois, the secretary of the Board of State Commissioners of Public Charities says: "Gloomy, unsanitary, dingy, unhealthful, and cheerless, they strike not at the criminal instinct and mental disorder, but at the physicial well-being of their victims. Many of the county jails of Illinois are positively bad, unfit even for temporary occupancy. They are built with the sole view to confine prisoners and prevent their escape. No thought of comfort, cleanliness, sanitation, exercise, encouragement, or education was taken into account. Very few of them afford any relief from constant and enforced idleness. There is no opportunity either for mental or

physicial development. Rarely do we find here any separate provision or facilities for the care of sick or insane prisoners. Oftentimes the buildings are extremely cold in winter and suffocating in summer. Little or no fire protection is afforded." All this in a country whose people not only boast of their standing among the civilized nations, but regard their brand of civilization to be of such a superior quality as to warrant them in thrusting it upon others, if needs be, by force of arms.

The writer is not one of those who would make jails, prisons, etc., desirable places of residence and thus in a measure put a premium upon crime and misdemeanor, but he does believe in treating criminals with that justice and common sense which the present-day knowledge and wisdom dictates, because in pursuing this course the community will be most efficiently protected against crime, which protection is the office of the institutions under discussion.

The attitude of a government toward criminals should be that of a wise and just parent to a child. M. F. P.

Hematogenous Jaundice.

The question as to whether there is such a thing as jaundice, which may properly be termed hematogenous, bobs up now and again in the current medical literature. That the skin may assume a peculiar pale lemon tint after large internal hemorrhages, no one will deny. It is like the color that comes late in local subcutaneous hemorrhages and due to the same cause. The writer saw it so pronounced following the rupture of a tubal pregnancy as to be mistaken for hepatogenous jaundice. This form has nothing whatever to do with the liver and should not be termed "jaundice." The coloration of the body surface which appears in certain infectious diseases due to the hemolysis is in all probability a very similar process; that is, in the process of destruction of the blood hemaglobin is set free and is deposited uniformly about the body, in fact stains all the tissues, including the skin. Neither is this condition a jaundice. The latter term should be restricted to those colorations produced by the bile pigments. The bile pigments come, of course, from the blood, but only through the intermediation of the liver. It has been thought that the "jaundice" resulting during rapid hemolysis is

the result of a change of the hemoglobin set free into bile pigment, but at such a rate that the product can not be disposed of in the ordinary way and it is deposited in the skin and tissues as a consequence. In other words, that a true polycholia is produced. It seems hardly necessary to invoke such a difficult explanation and it is not at all proven that this does occur.

For the sake of clearness let us drop the term jaundice except when we speak of a discoloration produced by bile products.

B. Van S.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Clinical Consideration of Arterio-Sclerosis.**

BY

A. C. KIMBERLIN, M. D.
Indianapolis, Ind.

To the diagnostician possibly no disease opens such a vast field for new and important work as does the recognition and differentiation of the diffused form of arterio-sclerosis which occurs most often in young adults with no known or definite etiological history. Insidious in its onset, varied and anomalous in its manifestations as well as important and influential in the treatment of both medical and surgical diseases, it becomes well worth our best efforts of close study. Sometimes it remains entirely latent or evidences a few and vague symptoms only, until the organism is attacked by some acute infectious disease, some operation is undertaken or the individual is subjected to some great nerve strain. Then the real condition manifests itself in no uncertain way, often defying all theories and fixed rules of medical and surgical treatment, as well as contributing surprises to our mortality list. The first clinical manifestations may enjoy the wide range from simple constipation to impotency. Owing to the meagre literature on the sub-

* Read before the Indiana State Medical Association, at Indianapolis, May 19, 1904.

ject, it is but natural that errors in diagnosis are common. Yet in most cases the careful study of the early clinical history of sclerotic subjects, a thorough physical examination, with an oft-repeated and complete urinalysis, will make the diagnosis quite exact.

The most common error next to the failure at recognizing such a disease at all is the frequency with which it is confounded with chronic intersticial nephritis. Symptoms and physical signs of each are so similar at different stages that such diagnostic errors are easily made and the surgical prognosis, especially in Eddebohl's operation, so frequently proves a great disappointment to all concerned. A careful study of the microscopical and chemical properties of the urine, while not of itself reliable in differentiation or diagnosis, yet when combined with the study of the physical signs, becomes of significant value to the clinician. The increased flow of pale urine so pathognomonic of chronic renal degeneration is not so constant, and is likely to be more variable from time to time, providing the kidneys are not equally involved in a general sclerotic process which may be present. Subjects of true arterio-sclerosis at times void large quantities of urine of low specific gravity, with a large solid content. And, also, such patients are not so early or regularly troubled with nocturnal micturition as those suffering from degenerative changes involving primarily the kidneys only. Chemically, albumen is much more constantly present in primary nephritis, which is not equally true of arterio-sclerosis. Clinically simulating chronic nephritis by its occasional local oedemas, albumen is not being impossible in arterio-sclerosis, but yet neither so constant or so marked as in primary nephritis. Microscopically tube casts are so frequent as to be considered physiologic, or in the absence of other symptoms, insignificant, at least, and while their presence is not pathognomonic of either arterio-sclerosis or chronic nephritis, yet they may be confidently expected in the great majority of cases of primary renal degeneration, but they are not so frequent or numerous or likely so small in general sclerosis as in primary nephritis. It is always well in cases of arterio-sclerosis before the appearance of the grosser lesions to carefully examine the physiological amounts and constituents of the urine rather than depend too much on the significance of the pathological, as the variation or alteration of the former is among

the first and certainly one of the most constant evidences of disturbed or diminished tissue metabolism, while the latter may not point further than the kidneys.

This urinary evidence of faulty metabolism resulting from arterio capilliary fibrosis is practically always associated with one or more very constant symptoms, as sub-normal temperature, loss of weight, exhausted nerve energy, or peculiar facial expression, all so common and characteristic of this disease, occurring in subjects where age, vice or dissipation cannot be reckoned on as a predisposing influence. The frequency with which we fail utterly to find evidence of the supposedly more common predisposing causes forces one to the belief that the process is an auto-infection. Toxins, whether formed in the intestinal canal or developed within the tissues themselves, are a most common etiological factor in producing capilliary fibrosis. Thus we have an explanation of why so many subjects of arterial disease are not only under weight, but are never able to regain the lost weight caused by the first influence of the etiological factor. Certainly there is a strong hereditary predisposition in families to premature arterial-degeneration, nearly as marked as in tuberculosis. Hence the frequent observation of cardio-vascular disease, varying only in location or stage in parent and child or children of different ages. Older members of the family present evidences of the so-called "idiopathic" organic heart lesions, while younger ones will be suffering with some of the nervous manifestations of arterio-fibrosis. Hence this disease is frequently found among young adults, especially young men undergoing the great strain of a successful commercial or professional life. Nerve tension, even if not great, when prolonged, cannot be ignored in their symptomatic and etiological significance. Here, too, one of the greatest difficulties confronts us in our clinical studies and diagnosis of these cases, for a born neurotic may present a psychal so entirely like the first nerve manifestations of sclerosis of the deeper nerve centers that the differentiation of the extreme physiological and pathological may at first be quite impossible.

So far as the nerve symptoms—such subjects are generally active, excitable, given to magnifying slight responsibilities or complaining of a feeling of great dread or apprehension, and are complain of a feeling of great dread or apprehension, and are entirely unable to rest or relax, either mentally or physically,

never suffering from mental lassitude or melancholia, although often unable to accomplish much for want of power of mental concentration. Of the sensory disturbances so frequently present, the unfailing tire is most common and characteristic. The insomnia at intervals also being a very regular symptom, although the unsteady gait, muscular tremor, etc., are not infrequent, while the vertigo, irritability, failing memory, various neuralgias and disturbed reflexes leave no doubt of a general disturbed nutrition due to sclerosis and subsequent narrowing of the smaller vessels of the nerve centers.

While the study of the condition and function of the kidneys is indispensable to the proper understanding of these cases and together with the clinical history will often complete the diagnosis in many, yet the condition of the heart and blood vessels themselves is probably of most interest and help to the clinician in the diagnosis of arterial-degeneration even of the diffused form. As previously stated, arterio-sclerosis may present many and varied symptoms, consequently we meet many typical cases, yet based on our anatomical knowledge the clinical manifestations will vary only with the intensity or location of the disease, and the clinical phenomena correctly interpreted will in most instances direct our efforts and attention to its anatomical seat. The palor of the skin which most of these cases present is not wholly due to the anaemia so very commonly present, but is largely due to the want of a full periphreal circulation. Hence the dry and inactive skin and sub-normal temperature,, both of which are invariably to be expected in young adults suffering from the diffused form of arterio-sclerosis.

The constancy of this condition of the skin and the fact that the various symptoms are so little influenced by baths and eliminative treatment helps to differentiate from the condition similar in chronic nephritis, which is more inclined to be periodical in its climax, and by the forcing of the blood from the surface into the splanchnic area causes a very decided tendency to congestion and consequent adhesion of the various serous-membranes, especially the peritoneum. Also often similar congestive influences are manifest on many of the mucous membranes, especially of the respiratory tract, evidenced often by a chronic bronchial catarrh, often accompanied by a cough, with an engorgemenat of the superficial veins, all giving unmistakable evidence of contracted or

narrowed arteries. The full radial, tortuous and prominent temporals, irregular brachials, palpable carotids and high arched subclavians are all, especially the latter, very constant and pathognomonic vascular signs of prolonged periphreal resistance. With the early clinical history and oft-repeated urine analysis, primary nephritis can be precluded and the recognition and prognosis of sclerotic subjects be made practically and fairly easy, certainly helping us to relieve our minds, at least, of many heretofore very annoying and perplexing patients.

In a study of the heart and its valves they will be found much more variable than in interstitial nephritis, owing to the frequency with which the myocardium is primarily affected, on frequency with which the myocardium is primarily affected through the sclerotic changes, partially or ultimately causing complete obliteration of its arteries. A careful study of the location and force of the apical impact and character of the first heart sound will give a fairly accurate idea of the stage and progress of the disease.

The character of the valve sounds as, also the significance of adventitious sounds or murmurs, are likely to be extremely varied and difficult of interpretation, the latter changing in quality from time to time, often disappearing entirely to reappear later, all from no definitely known cause, but most probably owing to the degree of tension and strength of the myocardium, which can be estimated quite accurately, as before said, by the location of the apical impact and the quality of the muscular sound.

Case No. 1. Merchant, age 32, small in stature, rather sallow and anaemic in appearance, with a good personal and family history; very nervous and excitable; his only bad habit is a big eater. In '97 became more or less constipated and excitable, which continued until '98, when he became afflicted with occipital headaches, running down the spine; showed a dry and inactive skin, with a full pulse of high tension, with excitable, forceable heart action and signs of slight concentric hypertrophy; voided large quantities of pale urine, having a specific gravity of 1012; showed nothing microscopically. Headaches occurred in the hot season; was advised to stop riding his bicycle; in 1899 his headaches became much more severe; suffered from vertigo occasionally, grew extremely nervous, very wakeful at nights and was greatly exaggerated and worried over his business, which

was extremely prosperous. In June was confined to his bed one week from pain in spine and head and extreme weakness and inability to sleep. Baths and cathartics proved of little avail and nitrates gave only temporary relief. Was a half invalid all summer, with no symptoms, but weakness and nervousness. Rest from business and country drives did more to relieve the dreadful suffering, seemingly, that medicines. During 1900 suffered rheumatic and slight neuralgic pains, sometimes in the precordial region; insomnia, if possible, grew worse. Visited the springs on one or two occasions, with but temporary relief. In 1901 passed from under my care, being advised by a neighbor doctor to try static electricity, after which for a time he seemed much better. Later he suffered a return of the precordial and lumbago pains. The latter part of the winter he again returned to me for treatment, but in June, 1903, was seized with a pain in the lower abdomen, extending down to the left testicle, which was not retracted. This I failed to relieve by any kind of drugs. After some weeks he again passed into the hands of another physician, who insisted that he was suffering from a vesiculitis and advised him to have massage treatment, which he undertook with great hope, but no relief. The first of November he returned. Middle of the month he was seized with a severe pain in his left hip while asleep, then passing to right shoulder and finally centering, as it were, in the precordial region evidently assuming the true angoid type, to which he almost succumbed, being subsequently confined to his bed for two weeks.

February 26, 1904, physicial examination showed the typical signs of concentric hypertrophy, the arteries differing a little from the ordinary, were hard and rather large and the walls thick. Urine for 24 hours, 60 ounces; specific gravity, 1006, and urea, 7 per cent.; microscopically, nothing. The microscopical analysis did not at any time show more than an occasional hyaline cast.

Case No. 2. Student, age 25, good habits and good family history except one grandparent, who was asthmatic. Suffered from asthmatic symptoms after exercise at the age of 19; had scarlet fever at the age of 22. Previous to his scarlet fever he complained matic symptoms after exercise at the age of 19; had scarlet fever at the age of 22. Previous to his scarlet fever he complained of feeling tired and weak and grew extremely nervous. His weight at that time was 167 pounds, measured five feet, nine

inches, having lost in the past two years twelve pounds, notwithstanding he had taken cod liver oil and quinine for nearly a year, supposedly suffering from chronic malaria. In appearance looked badly nourished, skin was sallow color, had a premature old appearance. The heart showed decided left hypertrophy, with a slight displacement of the apex. Strong first sound; aortic valves clear and accentuated; pulmonary normal; tendon reflexes slow. Pulse 82, small and firm; arterial walls thick; urine 54 ounces; urea 1.4 per cent.; urine otherwise normal. October 10th, 1904, weight 152½ pounds; showed a soft murmur in the tricuspid area; apical impact not so strong. February 24th, 1904, physical signs practically the same, but no murmur to be heard; complains of great tire and uneasiness and a feeling of something serious going to happen. Sleeps and eats well, bowels regular; weight, 147 pounds; urine, 52 ounces for 24 hours, urea, .9 per cent.

Case No. 3. Banker, age 24, five feet eight inches, weight 149 pounds; brunette of fine muscular physique; active, nervous temperament; good habits and good family history. Only sickness was measles when child; was a hard student, graduating from Yale with honors at the age of 23. Last two years of college life did much night work and in 1900 noticed a throbbing of his head on retiring. Suffered from time to time with various slight ailments, mostly of a nervous character. Called at the office in March, 1903, with extreme vertigo and excitement, greatly exaggerated reflexes. Physical examination showed a slight left hypertrophy; first sound was strong and apical impact was very forcible; the aortic second sound, clear and ringing; the radial pulse full and tense; the arterial walls while firm, not especially thickened, but did not collapse when emptied. The temporals were very tortuous and there was present a small sacular aneurysm of the supra-orbital artery. Very soon there appeared a fusiform dilation of the frontal artery, just in the edge of the hair. The large arteries seemed straight and all were easily pliable and showed evidence of being thick. The urine was of a good quality, 39 ounces in 24 hours, specific gravity 1020; microscopically nothing.

February 27th, 1904, weight 146 pounds, arterial walls appreciably thick, but pulse not so tense. Temporal arteries seemingly more tortuous. Deep cardiac dullness increased to the left;

the impact not so strong. The aortic second sound not so accentuated. There was present a soft systolic murmur, exaggerated in recumbent position, heard in the mitral area, transmitted to the clinical base. The urine, 42 ounces; urea, 1.8 per cent.; otherwise normal.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF APRIL 26, 1904.—The Society met in the coroner's office with President Morgan in the chair and an attendance of fifteen members. The minutes of the previous meeting were read and approved.

Dr. S. H. Havice reported a case in which sudden pain developed in an eye one year after a very satisfactory cataract extraction, and eighteen hours after the onset of the pain the eye was completely blind. Healing following the cataract operation one year before had been without incident, and up to the time of the onset of the pain the patient had enjoyed good vision. With the beginning of the pain the eyeball becamed bathed with pus.

In discussing the case Dr. K. K. Wheelock said that in his opinion the case was one of suppurative choroiditis following orbital cellulitis.

Dr. K. K. Wheelock reported a case of severe hemorrhage in the removal of tonsils in a man aged twenty-five. Commenting on the case he said he thought tonsilotomy in adults a dangerous operation and that it should be considered one of the major operations requiring hospital confinement.

In discussing the case Dr. S. H. Havice condemned Monsel's solution, and in controlling hemorrhage considered therapeutic measures of little account.

Dr. G. W. McCaskey spoke on the danger of infection in these cases, and said that it was his observation that not enough care was exercised in the prevention of infection. He had known instances where decided infection had followed tonsilotomy.

Dr. M. F. Porter spoke on the subject of shock following hemorrhage. He thought it quite probable in many cases of tonsilotomy bleeding would effectually cease with syncope, but would not advise waiting for syncope as a means of checking the hemorrhage. In his judgment cocaine is a cause for preliminary weakness, and subsequently the favoring of annoying hemorrhage.

Dr. B. Van Sweringen said that he had witnessed some rather alarming hemorrhages from tonsilotomy, and had come to the conclusion that pressure was one of the best means of controlling hemorrhage, or in suitable cases the application of the galvano-cautery to the bleeding point.

Dr. H. A. Duemling said he thought in some instances a large tonsillary artery imbedded in a fibrous tonsil was held open instead of collapsing, as is usually the case in ordinary hypertrophied tonsils. In such instances it might be possible to secure the bleeding artery with forceps and by torsion check the hemorrhage, or possibly place a ligature about the vessel.

Dr. Alice B. Williams reported a case of delivery which was followed by intense pain immediately under the shoulder blade which disappeared without treatment, and asked opinion as to the cause of the manifestation. She also read a paper entitled, "Medical Echoes from the Golden Gate," in which she described a trip through California which embraced visits to some of the leading hospitals and medical institutions on the Pacific slope.

The paper of Dr. C. S. Williams entitled, "The Extremist," was read by the secretary, but was not discussed.

The secretary presented the applications of Dr. Chas. G. Beall and G. A. Ross, of Fort Wayne, and C. R. Price, of Monroeville, for membership.

Dr. M. F. Porter made the following report of the committee appointed by the society to investigate the condition of the city water supply:

"*Mr. President and Gentlemen of the Fort Wayne Medical Society*:

"Since this committee reported to you last there have been published in the daily press several articles calculated to deceive the public as to the real condition of the city's water.

"These articles conveyed the idea that the opinions advanced in them rested upon the further examinations of the water at the instance of the mayor and board of waterworks trustees.

These examinations were made by Prof. Burrage, of Purdue University; Dr. Gehrman, of the Columbus Laboratory, Chicago, and Dr. G. W. McCaskey, of this city. Your committee obtained from the mayor and the board of trustees all of these reports, and after a study of them find that each agrees with the other and that all agree with the first report of Dr. McCaskey, which this committee submitted to this body.

"The closing of the Pennsylvania connections and the flushing of the mains have done much to make the water better, but there is incontrovertible evidence to show that the water, as it comes from station No. 1, in the mains in various parts of the city and in the reservoir, is still dangerously contaminated.

"In view of all the facts your committee respectfully suggests:

"First, that this Society use all the influence at its command to the end that prompt, energetic and intelligent measures be instituted to secure for this city an adequate supply of pure water.

"Second, that in the meantime the public should be warned, in plain terms oft repeated, of the necessity of boiling the water before using it.

"Third, we would again insist that the steps taken toward a renovation or rebuilding of our waterworks should be taken on the recommendation of a competent sanitary engineer, as advised in the first report of this committee, and not under the direction of one, who from the nature of things, is not competent to undertake the task.

(Signed.) "Miles F. Porter,
"Chairman.
"Warren D. Calvin,
"H. A. Duemling,
"L. Park Drayer,
"Committee."

The report and the newspaper articles referred to were commented upon by Drs. K. K. Wheelock, E. E. Morgan, A. P. Buchman, G. W. McCaskey, W. D. Calvin and M. F. Porter.

On motion the above report was adopted as the sense of the Society, with the recommendation that the report be offered to the daily papers for publication.

Adjourned. J. C. Wallace, Sec'y.

MEETING OF MAY 10th.—The Society met in the assembly room of the court house, with President Morgan in the chair and an attendance of twenty-eight members and guests. The minutes of the previous meeting read and approved.

Dr. Albert E. Bulson, Jr., presented a case in which a twelve-year-old boy had been injured by the explosion of a sealed can of boiling hot water. The face, neck and scalp had been severely scalded, and both eyes had been so severely injured as to at first indicate a doubt as to the possibility of saving any eyesight. At the time of the first consultation, five days after the injury, there was extensive erosion and suppurative inflammation of the cornea in each eye, but more particularly the right. Marked infiltration of the ocular conjunctiva and oedema of the eyelids. Severe pain and photophobia. The treatment consisted in the use of orthoform ointment to the extensive burns on the face and scalp, and the instillation of five per cent. dionin solution into both eyes. A few minutes after the application of dionin the patient was comparatively free from pain, though the conjunctival infiltration seemed to be somewhat increased. Within five days the extensive corneal ulcerations had in a large measure disappeared. The case was shown as indicating a very decidedly beneficial and prompt results secured from the treatment with dionin solution. (Patient exhibited.)

Dr. Bulson also presented another case, the patient being a man seventy years of age, carpenter by occupation, with personal and family history negative, who had one year previously noticed a slight huskiness of the voice and impairment of the breathing. The symptoms had continued with varying severity until four weeks ago, when breathing became very difficult and the voice was practically lost. At the time of consultation, two weeks before, the patient suffered from labored breathing and severe exhaustion upon the slightest exertion. Voice reduced to a whisper, which could not be long continued owing to exhaustion. Examination of the larynx disclosed marked swelling of the ventricular bands and decided thickening and inflammation of both vocal cords, the phonating surfaces being nodular, and the cords adherent from the commissure for one-third the distance across. The right cord was immobile, the left but slightly mobile. The opening between the cords was reduced to a mere chink, through which could be dimly seen a dark colored swell-

ing immediately below the right vocal cord. The patient has not now and never did have any pain or cough. There is no active ulceration, and there never has been any hemorrhage. Externally a thickening of the larynx can be detected, and the slightest pressure is quite painful. The patient has been subject to rheumatism and has suffered considerably from exposure. The case was thought to be one of peri-chondritis associated with a marked catarrhal laryngitis. Treatment has consisted in gradual but forcible dilation of the opening between the vocal cords, the application of a fifty per cent. argyrol solution to the larynx, and the administration internally of pilocarpine and large doses of potassium iodide. At the present time the patient is able to talk out loud in a husky tone, breathes with comparative ease, and takes a considerable amount of exercise without any exhaustion. The appearance of the larynx is much as it was in the beginning except that it is not so pronounced. (Patient exhibited.)

In discussing the cases Dr. M. F. Porter said that for burns he had never seen anything that equaled the application of pure carbolic acid directly to the burned area. The carbolic acid relieves the pain immediately, renders the wound comparatively aseptic, and the coagulum in a very large measure prevents introduction of infection, and materially assists in the regenerative process. He does not believe that harm would come from the use of pure carbolic acid in the eye, but would prefer to leave that to the judgment of the ophthalmologist. In the second case he thought that great relief might be afforded by inserting intubation tubes, gradually increasing the size as the pressure reduces the stricture.

Dr. K. K. Wheelock said that he would not hesitate to use pure carbolic acide on the cornea in case of a burn, and believes it would be good treatment. He called attention to the fact that the eye recieves some very severe injuries and yet recovers very promptly. Some apparently hopeless conditions of the cornea, as evidenced by erosion and haziness of the cornea, are injuries which involve the epithelium only and in the course of a few days regeneration has taken place and the eye is perfectly clear. Commenting upon the second case Dr. Wheelock said he would not be satisfied with a diagnosis without making a microscopical examination of a piece of the growth from the throat. The his-

tory, the appearance of the throat, and the age of the patient all made it more likely that the trouble was malignant in character.

Drs. E. E. Morgan, S. H. Havice, I. M. Rosenthal and J. C. Wallace all spoke of the advantages of using pure carbolic acid in the treatment of burns, no matter how extensive.

In closing the discussion Dr. Bulson said that he recognized the value of carbolic acid in burns and had frequently employed it. In this case the injury had not been seen until some days after it happened, and the face, scalp and eye presented a raw suppurating surface, due not alone to the burn, but the introduction of infection. For skin burns in such a case he preferred orthoform ointment, which was analgesic in character and an excellent antiseptic. For the extensive corneal ulceration he employed dionin because it had been so highly recommended by Darier and others as not only an analgesic but a lymphagogue. While some of the corneal ulceration was superficial, much of it was deep, and while he had seen and treated a great many extensive corneal injuries and ulcerations, he had never seen one improve so satisfactorily and promptly as this one, and judging from subsequent experience with dionin he thought the result was due in a large measure to the remedy. As to the second case Dr. Bulson said that the patient had been informed as to the possibility of the trouble being malignant in character. The improvement in the condition, under treatment, was at least a hopeful sign.

Dr. M. F. Porter exhibited a case of inoperable carcinoma of the jaw in a man fifty years of age which he says he intends to treat by starvation—that is, by depriving the growth of its blood supply. To that end the patient has had both carotids tied. In this connection Dr. Porter spoke of the advantages of closing wounds with subcuticular sutures and adhesive strips, and on the disadvantages of through and through sutures in the presence of suppuration as presented in the case under consideration. Dr. Porter also presented a case of true floating kidney, and said that it was the first true floating kidney that he had ever seen. Probably ninety per cent. of the co-called cases of floating kidney are not cases of floating kidney at all. Dr. Porter also made a final report on the case in which Monahan's method of prostatectomy had been performed. The case, with details of the operation, were presented at a previous meet-

ing. The patient has made an uneventful recovery and the results are highly satisfactory. There is no incontinence of urine.

Dr. Albert E. Bulson, Jr., presented a paper on "Etiology and Treatment of Ulceration of the Cornea." He said that corneal ulceration was always an evidence of infection and treatment must of necessity take into consideration the removal of the infection. He briefly described the symptomatology and appearance of superficial, deep, and sloughing ulcers, and mentioned the more common complications. Also spoke of the pathogenic germs responsible for the various types of ulceration. Advocates a solution of cyanide of mercury in preference to bichloride solutions for flushing the eyes, and is an advocate of subconjunctival injections of cyanide of mercury solution, as advocated by Darier and others, in the treatment of severe forms of infective ulcers of the cornea. Believes the pressure bandage to be beneficial in those deep seated ulcerations which are not accompanied by profuse discharge. Says that cocaine has no place in ocular therapeutics, as the anaesthetic and analgesic effect is transitory, and the drug has no antiseptic or astringent effects. On the contrary, cocaine solutions produce a dessication that is detrimental and retards regeneration. As a substitute for cocaine holocaine in two per cent. solution is much preferred.

In discussing the paper Dr. S. H. Havice said he agreed with the essayist that all cases of ulceration of the cornea should be treated as infected cases. In his opinion the infection frequently comes from the nose and throat, and successful treatment of many corneal diseases should include careful cleansing of the nose and throat. He would also condemn the use of cocaine as a therapeutic agent for the reason that it decreases the resisting powers of the tissues.

Dr. K. K. Wheelock said that he did not care to condemn the use of cocaine as a therapeutic agent for the reason that cocaine contracts the blood vessels and in many instances serves a therapeutic purpose. He is not in favor of the use of cyanide of mercury because he considers it dangerous. He has no faith in subconjunctival injections, and says that the only way in which the medicament, under such treatment, can reach the ulceration is through the general circulation, and as the circulation in the eye is away from the cornea he does not consider it rational to expect results from subconjunctival injections. He said that sub-

conjunctival injections had been condemned by the best authorities and was a recent fad that was born to die after a short life.

In closing the discussion Dr. Bulson said that he disagreed with the last speaker in the statement that subconjunctival injections had been abandoned by most authorities, and cited the recommendations of several well known American and European ophthalmologists in proof of the point. He thought that as the last speaker, in admitting unfamiliarity with this form of treatment, was not competent to pass opinion as to its efficiency. Dr. Bulson said that he had received results from subconjunctival injections when all other recognized good treatment had failed to produce results, and his experiences were not any different than the experiences of many other observers who had tried the treatment. He reiterated the statement that cocain has no place in ocular therapeutics and said that nearly all competent ophthalmologists condemned the use of cocain as a therapeutic measure.

Dr. J. C. Wallace presented a paper on "Signs of Approaching Dissolution," in which he quoted opinions from various textbooks as to the evidences of approaching death. The paper was discussed by Drs. C. B. Stemen, I. M. Rosenthal, B. V. Swearingen, S. H. Havice and M. F. Porter.

The Board of Censors reported favorably upon the applications of G. A. Ross, Chas. G. Beall and C. P. Price for membership, and on motion these physicians were elected to membership. The applications of Drs. Alfred Kane and C. W. Gordon were presented and referred to the Board of Censors.

Adjourned.

J. C. Wallace, Sec'y.

NEWS NOTES *and* COMMENTS

Be Polite, It Pays.

A woman, upon whose child Velpeau, the great French surgeon, had performed a most difficult operation, according to *The Argonaut,* called upon him, full of gratitude, and presented him with a pocketbook which she had embroidered with her own hands. Velpeau received the testimonial very crustily, saying that it was a beautiful pocketbook, and all that, but that his necessities demanded something more substantial. "My fee," he said, coldly, "is 5,000 francs." The woman very quietly opened the pocketbook, which contained ten one-thousand-franc notes, counted out five, and, politely handing them to Velpeau, retired.—*Buffalo Med. Jour.*

Personals.

Dr. F. M. Hines, of Auburn, who has twice served as treasurer of DeKalb county, and is now chairman of the DeKalb County Democratic committee, was one of the delegates from the Twelfth congressional district to the National Democratic convention at St. Louis.

Dr. W. O. Gross, of Fort Wayne, was recently elected by the common council of Fort Wayne a member of the Fort Wayne School Board. Dr. Gross was honored by the board in being elected its treasurer.

Dr. H. V. Sweringen, Fort Wayne, has received the Republican nomination as candidate for joint senatorship for the counties of Allen and Adams.

Dr. G. W. McCaskey, Fort Wayne, is taking his vacation in an automobile. He will go via automobile to St. Louis.

Dr. J. L. Short, of LaGrange, has recently been elected a member of the LaGrange Board of Education.

Good Health or No Marriage Certificate.

Chicago's "Progressive Health Club" has memorialized President Roosevelt in behalf of the establishment of a federal bureau "to teach citizens the ideal possibilities of marriage." It is desired by the club that federal legislation make it necessary for a man to produce a clean bill of health and prove that he has never been convicted of crime in order to secure a license to marry.

Policemen of Chicago Study Law and Medicine.

The policemen of Chicago are required to take a ten-hour course each in criminal law, and applied anatomy and surgery. The course is given by the faculty of the Dearborn Medical College and by assistant state's attorneys.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Injection of Adrenalin to Prevent Reaccumulation of Serous Effusions.

Effusion of fluid takes place into serous cavities under a variety of conditions, principally inflammatory and cardiovascular. When present in small amount, the fluid may, and it usually does, undergo spontaneous absorption. If, however, the amount be large, not only may the fluid be unabsorbed, but it may beside be a source of distinct danger by reason of the pressure it exerts on vital organs, with the resulting interference of function. To secure relief under the latter conditions, puncture, or aspiration, or some form of resection becomes necessary, but even then the fluid may reaccumulate, at times with great rapidity, so that repeated operation is required. It would be a decided advantage to possess a means by which such a difficulty could be obviated, and the suggestion has recently been made on the basis of clinical experience that reaccumulation of fluid in serous cavities after aspiration can be prevented by injection of adrenalin chlorid.

Having observed in a case of abdominal carcinoma with secondary involvement of the pleura that the injection of one dram of 1-1000 solution of adrenalin chlorid, after removal of a large amount of fluid that had been repeatedly accumulated in the pleural cavity, was followed by failure of further accumulation, Dr. James Barr was led to employ the same expedient in a case of ascites secondary to cirrhosis of the liver; in a case of pericarditis with effusion subsequently complicated by pleurisy, with effusion first on the left and then on the right side; in a case of tuberculous peritonitis, with ascites, and in another case of pleurisy, probably tuberculosis with effusion, with equally satisfactory results in all. In the last three cases from one-half a pint to three pints of sterilized air was additionally injected after removal of the fluid in the hope of preventing adhesions. The injected air may serve, beside, as a means of preventing possibly fatal collateral hyperemia and edema of the healthy lung in consequence of the diminution in pressure resulting from the withdrawal of a large amount of fluid from the pleural cavity. The air is absorbed slowly, and for this reason is to be preferred to oxygen. Under certain circumstances, however, as when an excessive number of leucocytes are present in the fluid or there is an apparently commencing formation of pus, it is thought the injection of hydrogen dioxid might be of advantage. A special form of apparatus, serving at once as siphon, syringe and aspirator, was devised for removing the fluid and injecting the adrenalin solution and the sterile air. Under all circumstances great care must be exercised in the manipulation in order to avoid accidental infection. In an additional case of hydrops ventriculi, supposed to be due to a cerebellar tumor, ten minims of adrenalin solution were injected twice and twenty minims once after removal of several ounces of fluid from the lateral ventricle and drainage.

While the number of observations recorded is insufficient to permit of the formulation of definitive conclusions, they may serve as the starting point for further clinical trial. It seems superfluous to add in this connection that, like other agents having great physiological activity, adrenalin must be employed here, as elsewhere, with great discrimination.—*Jour. A. M. A.*

Decapsulation of the Kidneys.

Elliott concluded an article on this subject in the June 4th number of the *New York Medical Journal,* with the following statements:

1. Chronic Bright's disease in its development constitutes a diseased condition of the entire system.

2. It is a disease of very gradual development, and in the great majority of cases has existed for months and years before the patient comes under observation.

3. It is produced by a chronic toxaemia, either systematic or infective in origin, which produces coincidently as a result widespread arterial and cardiac degenerative changes, which, being once established, are permanent, and which in their development eventually constitute the most threatening element of the disease.

4. General oedema or anasarca in chronic renal disease is in many instances in great measure a cardiac dropsy, brought about by advancing myocardial degeneration. It is occasionally so in chronic parenchymatous nephritis, and almost invariably so in chronic interstitial nephritis.

5. It may be stated that, in like manner, developing anuria and uraemia in chronic nephritis may be largely cardiac in production, the functional inadequacy of the kidneys having its inception in the fall of blood pressure incident to circulatory failure.

6. In the later stages of chronic nephritis, of whatever character, the case is apt to take on these cardiac aspects, which virtually convert the therapeutic problem into a question of sustaining a failing heart.

7. Albuminuric retinitis must be looked upon as one of the terminal symptoms of chronic nephritis. The concordance of opinion places a limit of two years upon the prognosis after development of this complication. The statistics gathered by Suker of cases operated upon, show that, in place of prolonging this limit of expectancy, operation has a decidedly contrary effect.

8. It is to be borne in mind that chronic nephritis is a disease of slow and spasmodic development. It is well to realize its exacerbations and remissions, so as to avoid the error of mistaking remissions for cures.

9. The mere fact that the general condition of the patient improves somewhat after decapsulation does not establish the

validity of the operation, for hygiene and rest will do the same for the patient to a remarkable degree in many cases. As the factors of hygiene and rest are associated with the surgical procedure, it is possible that the resulting benefit may, to some extent, accrue from those sources.

10. The results of experimentation demonstrate that, within a period of three months and a half after decapsulation, a new, and in most cases, a tougher fibrous envelope has taken the place of the original capsule. This fact may account for the many relapses and deaths after that period in cases operated upon, and in chronic cases, at least, it narrows the prospect of improvement to a period of months.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Personal Observations on the Advantages of Certain Arctic Localities in the Treatment of Tuberculosis.

Frederick Sohon, of Washington, D. C., in *American Medicine,* April 23, 1904, recommends the northern fjords of Greenland as a place where the open air treatment of tuberculosis may be ideally practiced during the summer months.

He recapitulates his argument as follows: "Constant sunshine, which brings health and energy. A germless and dustless air that gives neither irritation nor extra infection. An unvarying and bracing temperature that invites out-door life and exercise. A climate that creates an appetite and a life that brings the ability to digest and assimilate. A life of new recreations that banish loneliness, and of enticing interests so different from the ordinary that absolute nerve rest is secured. A country in which colds and catarrhal conditions are not found, and even the healthy invariably improve in well-being. All of these advantages, except the perpetual sunshine and the germless air, can be obtained elsewhere, but here they are furnished altogether and

each in perfection. They are also furnished at that time of the year when conditions are most unfavorable elsewhere.

"The world in general, which wonders at the utility of Polar exploration, will some day be indebted to those who have endured hardships and given life to work in the Arctic. Much credit is due Commander Peary for his continuous and persevering efforts not only to extend geographical knowledge, but to make these northern regions accessible and known to all branches of science. Many institutions of learning and scientific bodies are richer through his expeditions, and he has opened up a territory that is now easily reached and has unequaled conditions for the cure of tuberculosis. I was impressed by this fact on my first voyage with him in 1896, and in 1902 I went north again to reconsider it on the spot. This investigation but served to strengthen my opinion that in summer these regions are entirely suitable for, and beneficial to, the tuberculous, and that the unequaled natural advantages for a cure can be practically utilized."

Dr. Sohon has decided to organize a cruise to the fjords of Greenland, leaving in June, and returning before the hardships of the Arctic winter begin. These regions of perpetual sunshine may be reached within ten days from Nova Scotia, and the trip may be made with safety and comfort in a suitable vessel altered and appointed for this purpose. Dr. Sohon would be pleased to communicate with any prospective passenger patients. His address is 512 I street N. W., Washington, D. C.

New Methods of Treatment of Pulmonary Tuberculosis.

It is generally admitted that in incipient and early cases of pulmonary tuberculosis treatment in sanatoria furnishes the best results, so good in fact that when taken in time pulmonary tuberculosis is a curable disease, as recently stated by Woodhead. But many patients are unable to leave their homes for lack of means or other causes. In some instances the sanatorium treatment may be carried out in the patient's home, but in the large majority of cases this is impossible or impracticable. It is in such cases that specific remedies and modes of treatment would be specially applicable. Of late a number of such specific methods have been advocated, which it may be of interest briefly to describe. Treatment by a drug or drugs would be the simplest, cheapest, and easiest applied, and several have been advanced. Harper (*Lancet*,

October 18, 1902,) believing that gout and tuberculosis are mutually inhibitory, professes to have attained excellent results by the administration of pure urea in increasing doses of from twenty to eighty grains three times a day. The object in view is to alter the soil by increasing the amount of nitrogen, the tissues of a consumptive being under-mineralized as compared with those of a gouty individual, and thus to bring immunity. In the culture tube urea inhibits the growth of tubercle bacilli.

Drage, relying on the phagocytic and (according to Metchnikoff) the antitoxine-producing properties of the leucocytes, has treated tuberculosis by means of hypodermic injections of sodium cinnamate and other derivatives of cinnamic acid, with apparently good results. Cinnamic acid, in common with pilocarpine and some other substances, has the property of producing an artificial leucocytosis. Dewar (*British Medical Journal,* November 21, 1903,) has applied the iodoform treatment of tuberculous joints to pulmonary tuberculosis. He injects from five to seven minims of a not quite saturated solution of iodoform in ether into the arm. He has given as high as forty grains of iodoform at a dose, and finds that it is possible fairly to saturate the patient with the drug without any harmful effect. The method is not one for routine use by the general practitioner, great care, patience, and constant asepsis being necessary. Every vessel occluded diminishes the patient's chances of recovery. He has treated advanced cases in this way, and reports great benefit thereby. Chowry-Umthen (*British Medical Journal,* October 24, 1903,) calls attention to the value of formaldehyde in pulmonary phthisis. It is best administered by means of continuous inhalation and vaporization, but may also be given by intravenous injection or forced through the skin by means of the electric current (?).

High frequency currents of low potential, together with intralaryngeal injections of antiseptics, such as iodine, thymol, etc., are alleged by Bowie (*Lancet,* October 31, 1903,) to have a curative effect in pulmonary tuberculosis. The currents, which are given directly to the walls of the thorax, bring about a stronger power of resisting the toxines of the tubercle bacillus.

A serum treatment has been advanced by Marmorek (*Lancet,* December 21, 1903). By growing tubercle bacilli on a mixture of leucotoxic serum and an emulsion of liver cells, he states, the

bacilli produce their toxine outside of the body. This toxine, or "vaccine," when introduced into susceptible animals leads to the production of an antitoxine which not only shields against infection, but is also curative of the tuberculosis. And, finally, Maher (whose article was recently published in this *Journal*) thinks that he has obtained from the milk of a tuberculous cow an organism which is directly and immediately antagonistic to the tubercle bacillus, although non-pathogenic itself. While statements are freely made in text-books as to the antagonism of micro-organisms, yet instances of positive inimical action are but few and doubtful. In almost every instance the presence of another organism, even though non-pathogenic, favors infection with a given pathogenic bacterium. Nevertheless the immediate results obtained by Maher were very striking and demand further investigation.

In conclusion, when attempting to decide as to the value of any of these modes of treatment of pulmonary tuberculosis, it should be remembered that all the patients were presumably under as favorable circumstances as possible, and that sudden and unexpected improvement is no rare thing in this disease.

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

The Operative Treatment of Hypertrophied Prostate.

In a comprehensive paper on the above topic (*Annals of Surgery,* June,) Francis S. Watson discusses in a very clear and impartial way the various operative methods of relief which have been proposed, and endeavors to arrive at correct conclusions concerning each through a study of reported cases and the records of his own work. He does not think that radical operative treatment has as yet reached the stage where we are justified in advising all patients suffering slightly from enlarged prostate to submit to it, but that it should be resorted to much earlier than is customary. In cases not presenting contraindications to operative measures of this magnitude the radical operation in skilled hands is attended by less danger than the use of the catheter. If conditions permit of a free choice of method, the total removal by the best perineal technique should be chosen.

When conditions render the perineal operation unfeasible, as for instance a middle lobe which can not be removed by this route, then the suprapubic route should be chosen. In some few cases the Bottini method will be the best. Cystoscopic examination should, when it can be readily done, precede all operations, and is essential to the proper performance of the Bottini operation. Whether the whole gland is removed in one piece or in several is a matter of no importance. Healthy portions of the gland need not be removed. The results as to cure are better after removal than after the Bottini operation.

While injury to the prostatic urethra is not necessarily harmful, yet it is possible in some cases to preserve the urethra uninjured, and the same is true of the ejaculatory ducts, and when this can be done without adding undue risk, it should be, especially in younger men with sexual powers intact and who have a desire for offspring. In some cases a simple palliative drainage operation must be done either through the perineum or supra-

pubically. In some cases drainage is done as a preliminary to the radical operation.

Uuremia is the special danger to be feared from all operations. Sepsis is more frequent after the Bottini operation than after any other, but this operation is not so apt to be followed by serious shock or post-operative pulmonary complications. The combined suprapubic and perineal operation is seldom necessary. Special tractors are not necessary save in very fat subjects. A bibliography of the subject is appended.

Dr. John B. Deaver discusses "The Surgery of the Prostate" in the *Am. Jour. Med. Sci.* for July. He regards Freyer's operation as much the safest and best operation in properly selected cases. This method (suprapubic enucleation with removal of the prostatic urethra) is especially applicable in cases of very large oedematous prostates. On the other hand when the prostate is not so large, but hard and fibrous, a perineal section with removal of all the gland except the isthmus above the urethra is the best operation. Deaver regards the Bottini operation as at best a make-shift. The bibliography is appended to Deaver's article also.

Tetanus from Hypodermic Use of Gelatin.

Dr. R. Gradenwitz (*Centralblatt fur Gynakologie,* September 13th) reports the case of a woman with a carcinomatous cervix who received a subcutaneous gelatin injection on account of profuse bleeding. Six days later trismus appeared. Tetanus bacilli were found in the abscess which developed at the site of injection. Despite the use of tetanus antitoxine, death followed in a few hours. This is the eighth instance of death reported from the hypodermic use of gelatin.

Antitoxin for Rattlesnake Venom.

It is said that Dr. Noguchi, of Japan, who has been working at the Serum Institute in Copenhagen, has discovered a serum which is certain antidote for rattlesnake poison.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Hyoscine Poisoning.

Dr. Frederick Krauss, of Philadelphia, reports a case of poisoning by hyoscine hydrobromate used as a mydriatic. For a young girl of fifteen, suffering from eye-strain, was prescribed a solution of hyoscine hydrobromate, two grains to the ounce of distilled water, two drops to be instilled into the eyes twice daily. But one instillation took place just before the girl retired, amounting to 1-120 grain into each eye. Shortly afterwards there were symptoms of dizziness, flushing of the face, dryness of the throat, delirium, hallucinations, and abnormal mental and physical excitement lasting seven hours and a half. The patient recovered without any treatment, and accommodation was normal three days later. The case is of particular interest, in view of the small dose administered and the severity of the effect. When it is remembered, says Dr. Krauss, that in young children, from three to five years of age, atropine sulphate in doses of 1-6 of a grain is instilled into the eyes from two to four times daily in cases of corneal ulceration, without causing symptoms of poisoning, the effect of the small dose of hyoscine is the more remarkable. He thinks the case teaches that the first instillation of a mydriatic for the purpose of refraction should be made during the daytime, to obviate a possible accident from delirium during the night.—*N. Y. Med. Jour.* (The above reported case should be considered one of idiosyncrasy and teach us to have our patients under observation following the use of any drug which through idiosyncrasy may produce alarming symptoms. The writer has employed hyoscine hydrobromate in ½ per cent. solution as a cycloplegic for several years, during which time the drug has probably been used at least 2,000 or 3,000 times in patients of varying ages without the manifestation of any symptoms which could in any sense be considered alarming or even worthy of special attention. It is fully expected that some time a case of idiosyn-

crasy will be discovered in which the use of hyoscine hydrobromate solution will produce symptoms similar to those described by Dr. Krauss, but every ophthalmologist of considerable experience has seen instances of poisoning from atropine, homatropine and cocaine, when comparatively small doses have been absorbed through instillations of solutions of these drugs into the eye. In the writer's experience atropine poisoning from the ordinarily used one per cent. atropine solution is far more frequent than toxic symptoms from the employment of hyoscine hydrobromate in one-half per cent. solution. These cases of idiosyncrasy should teach us to be on guard, and with the development of toxic symptoms have the patient at hand for proper attention. To discontinue the use of hyoscine hydrobromate would be to discontinue the use of one of our most valuable cycloplegics, and to reduce the strength of the solution as employed in the case reported by Dr. Krauss would be to destroy the usefulness of the drug as a cycloplegic.—EDITOR.)

Salicylate of Sodium in Large Doses in Inflammatory Eye Diseases.

H. Gradle, in the *Ophthalmic Record,* recommends salicylate of soda in large doses in severe inflammatory diseases of the eye, such as subconjunctivitis, scleritis, superficial corneal infiltrations, phlyctenular keratitis, nodular sclero-keratitis, diabetic iritis, certain forms of cyclitis, chronic uveitis, and tenonitis. The remedy must be administered in heroic doses, say for an adult 80 to 150 grains a day. It may be given dissolved in cold water, or, according to the plan of Gifford, in brandy, on an empty stomach.—*The Ophthalmoscope.*

Blindness from Operation on the Nose.

Dr. Hamilton Stillson (*Northwest Medicine*) reports a case in which an operation on a patient's nose (character of the operation not described) resulted in a permanent impairment of the eyesight. The right eye first became totally blind, but after one week peripheral vision began to return, and at the end of four months the central dark spot became much smaller, then remained stationary. Examination of the nose revealed ethmoiditis, pus in the antrum and frontal sinus, supposed to have followed the

operative interference in the nasal passages. After drainage the vision improved, though a small scotoma still remained. Stillson says that there are four pathways in which nose operations may cause ocular disturbance; first, through the anastomosing blood vessels; second, by way of continuity of structure; third, through the lymphatics; and fourth, by the reflex route.

BOOK REVIEWS

Pediatrics.—A Manual for Students and Practitioners. By Henry Enos Tuley, A. B., M. D., Professor Obstetrics Medical Department Kentucky University, etc. Lea Brothers & Co., Publishers, Philadelphia and New York.

If one admits that manuals have any place at all in the education of a student one may safely recommend this epitome. It is so difficult, however, to lay down hard and fast lines in the practice of medicine that it seems undesirable to present a subject to the student in the terse, dogmatic way of the manual. Even the facts which are apparently best settled admit of discussion and it is useful for the student, graduate or undergraduate to read a discussion of a disease rather than some one's conception of the essential and settled facts that are known about it.

B. Van S.

Manual of Clinical Microscopy and Chemistry.—Prepared for the Use of Students and Practioners of Medicine, by Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized Translation from the Fourth and Last German Edition, with Notes and Additions, by Henry T. Brooks, M. D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital, Member of the New York Academy of Medicine, etc. With 148 Illustrations in the Text and Nine Colored Plates. Philadelphia. F. A. Davis Company, Publishers. 1904.

This excellent practical work upon clinical diagnosis by Dr. Lenhartz has already passed through four German editions and comes to us in its English dress with this stamp of approval. A careful examination of its contents and its practical use in the clinical laboratory unite to convince the writer of its very high value, and he does not hesitate to promptly commend it for the purposes for which it is designed. While it cannot, of course, contain the immense amount of detail found in works which

cover but a small part of this field, requiring a collection of at least three or four volumes to cover it all, a careful examination does not show any important omissions of essential facts and methods.

The mechanical execution is good, the illustrations, while not being elaborate, are clear and convey the information intended.

The practical clinician will find the work of great value for constant reference and the student will find it a safe and reliable guide. G. W. McC.

Practical Medicine Series.—April and May Numbers. Gustavus P. Head, General Editor. The Year Book Publishers, 40 Dearborn Street. Chicago.

As has been stated in these columns before, this year book is deserving of the support of the profession. The above numbers are especially deserving. One has a sense of satisfaction after their perusal that is not obtained by the reading of all year books. B. Van S.

Diseases of Metabolism and Nutrition.—Part V. Concerning the Effects of Saline Mineral Waters (Kissingen Homburg) on Metabolism. By Carl von Noorden and Carl Dapper. E. B. Treat & Company, N. Y., Publishers.

This small treatise is divided into five chapters, the first of which deals with the influence of saline mineral waters on gastric secretions, and the conclusion is reached that in cases with either diminshed or increased HCl these mineral waters are very valuable adjuvants to the dietetic measures employed.

The second chapter deals with the effect of saline mineral waters on the absorption of food and particularly on the digestion of fats, and it seems conclusively proven from their examinations of the feces of patients consuming large amounts of fat while drinking the waters that the absorption of fats is not interfered with at all, thus disposing of an almost universal custom of interdicting fats at saline springs while drinking the waters.

The third chapter deals with the influence of saline mineral waters on the metabolism of proteids, and it is shown that there is no acceleration of proteid metabolism under their use. It is also shown that sodium chloride is not a protoplasmic poison and that more nitrogen than the ingesta contain is not eliminated by persons drinking them.

The fourth chapter, on the influence of saline mineral waters on the excretion of uric acid, is concluded as follows: "It is

impossible, therefore, to positively predict an increase in the uric acid excretion. It is a remarkable fact, however, and an important one, that particularly in those conditions in which we desire an increase in the uric acid excretion for therapeutic purposes, that is, in gout, this desirable effect is invariably obtained."

The fifth chapter is on the use of fruit, salad, vinegar, etc., in the course of water cures; in which it is contended that it is wrong to forbid fruit simply because the patients are taking a certain kind of mineral water. B. Van S.

MISCELLANEOUS SELECTIONS

HOW TO AVOID PRESCRIBING OPIUM AND MORPHINE.—Dr. N. B. Shade, of Washington, D. C., in an article published in the *Medical Summary,* refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offsets the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonia. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all the desirable qualities of opium with the bad qualities eliminated. Some of the brightest minds of the present age are now being devoted to the development of a therapy in which the primitive bad effects of many important drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be a safe procedure to give papine a trial.

IRREGULAR MENSTRUATION AND TREATMENT.—E. C. Wiley, M. D., Louisville, Ky.—Practitioners of medicine are consulted by no class of patients who display greater solicitude than those who have amenorrhea.

In the popular mind failure of the menses to appear is supposed to be due either to pregnancy or tuberculosis, and either may cause a degree of anxiety that is truly intense.

The term amenorrhea is used to mean the total absence of the menstrual discharge, or a marked deficiency in the quantity

TISSUE BUILDING
BY
BOVININE

BOVININE not only stimulates, but completely feeds the new born blood cells, carrying them to full maturity.

It increases the leucocytes and thereby most powerfully retards pathological processes.

As a food and nutrient it is ideal, requiring little or no digestion, and being at once absorbed and assimilated.

For starving anæmic, bottle-fed babies, its results are immediate and most gratifying.

It will be found equally reliable for nursing mothers, affording prompt nourishment and strength to both mother and babe.

Records of hundreds of cases sent on request.

THE BOVININE COMPANY
75 West Houston Street, NEW YORK

AFTER THE STORM
Nutritive Reconstruction

After the storm of Typhoid, Pneumonia, Influenza, Fever, Labor, Operation, etc.,—when the whole system is left in a state of morbid depression, the thing of vital importance is nutritive reconstruction.

In this field the pre-eminence is given to Colden's Liquid Beef Tonic by those who have observed its efficacy. It steadily increases vigor, appetite, digestion and nutrition.

As a repairer, renewer and builder, specify "Ext. carnis fl. Comp. (Colden)." Literature mailed to physicians on request.

THE CHARLES N. CRITTENTON CO.

Sole Agents for the United States,

115-117 FULTON STREET, NEW YORK.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S. M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV AUGUST 1904 NO. 8

EDITORIALS

Can Portland Take Care of the American Medical Association?

Already there is some discussion as to the probability of Portland being able to properly care for the A. M. A. during the session that is to be held there in July, 1905. The Association has had some undesirable experiences in going to some of the smaller cities with their lack of hotel accommodations and places of meeting for the various sections, and it is somewhat a question as to whether next year's session will not be held under conditions not fully favorable so far as accommodations are concerned. While those who were responsible for the invitation to the Association to meet at Portland claimed that no trouble would be experienced in properly caring for the Association, yet a recent article in the *Medical Sentinel,* published at Portland, indicates that there is a crying need for more accommodations than at present exist in Portland if the Association meeting of next July is to be a success. The city at present has no building large

enough to comfortably seat the general session, and it is almost out of the question to secure meeting places for the various sections unless located a considerable distance from each other. Another phase of the situation is the lack of hotel accommodations, thus necessitating the opening of homes for the accommodation of guests when such a large number of transients appear in the city as will be the case during the session of the A. M. A. It is safe to assume that if any large number of members of the A. M. A., attending the Portland meeting, are obliged to seek accommodations at private residences located probably in some instances long distances from the place of meeting, no little dissatisfaction will result. We understand that a project is now under consideration for the erection of a hotel in Portland which will accommodate from 1,000 to 1,500 guests, and that there is a strong probability that such a hotel will be ready for the accommodation of guests by July of next year. This being the case, the question of accommodation for the members of the A. M. A. will be satisfactorily settled. It is more than likely that a recognition of the lack of an auditorium for the general sessions, and sufficient accommodations for the various sections, will result either in the erection of new buildings or the alteration of old ones so that the necessary accommodations will be afforded. Unless something of this kind is done Portland will not be able to properly care for the Association. We have abundant faith in the enterprise and hospitality of western people, and for that reason feel that what easterners would consider insurmountable obstacles may be and are overcome by westerners, and consequently Portland may be trusted to make ample provision for the care of the large number that will attend the Association meeting next July. We do not want a repetition of conditions such as existed at Columbus, where the accommodations were inadequate and the people seemed to consider the members of the Association as legitimate prey for the most outrageous extortion in prices and in some instances most discourteous treatment. The Pacific slope is entitled to next year's meeting of the Association, and while at the present time the conditions at Portland would seem to indicate a lack of ability to properly care for the Association, yet it is hoped that by next July Portland with her western energy and enterprise will be amply ready to properly care for such a notable gathering of physicians. A. E. B., Jr.

Death of Dr. N. S. Davis.

Dr. Nathan Smith Davis, who has not infrequently been called "The Father of the Medical Profession in the United States," died at his home in Chicago, June 16, aged 87. Dr. Davis was one of the founders of the American Medical Association and was the first editor of the *Journal* of the Association. He began the practice of medicine in 1837, and for sixty-seven years, or until almost the day of his death, he continued in active practice. Throughout his entire medical career he worked long and earnestly for high ideals in medicine and for the betterment of his profession in every way. He always stood for the highest and noblest in moral ethics and in honest and right living. He was one of the first to advocate a higher standard of education for medical men, and as a medical teacher for more than fifty years he has represented all that stands for earnestness, progressiveness and the highest standard of medical ethics. In the history of American medicine the name of N. S. Davis stands foremost.

Suppression of Quack Advertising.

Public sentiment is certainly becoming aroused to the necessity of suppressing or at least limiting the field of activity of the medical pretenders and proprietary medicine houses. Not only are many of the best newspapers and monthly magazines refusing to accept advertising from patent medicine firms and medical pretenders, but are editorially setting their stamp of disapproval upon the laxity of our laws which permit such fraudulent transactions as are generally customary with those who prey upon the sick and disabled through the influence of fraudulent advertisements. The editor of *Everybody's Magazine,* one of the high-class monthly periodicals, who refuses all kinds of medical advertising, hits the nail on the head when he says that publishers have no moral or legal right to lend their pages to help swindle the public, or, what is worse, to help unscrupulous men to frighten the credulous into believing that all sorts of diseases or ailments possess them, in order to sell a lot of cheap stuff at high price, much of it positively harmful. While many publishers are entirely without conscience and will continue to accept contracts for medical advertising which is objectionable and usually fraudulent in intent, yet it is a hopeful sign when the editors of the better class of peri-

odicals recognize the iniquity they are parties to in accepting medical advertising, and forthwith decide to decline all such business. The intelligent public will appreciate the efforts put forth by such publishers, and it is only a step further to so influence public opinion that suitable laws will be enacted whereby it will become a punishable offense to swindle the people by means of advertising claims which cannot be substantiated.

A. E. B.

Construction of Statute as to "Other Agencies."

The Supreme Court of New Jersey holds, in the case of State vs. Herring, that an osteopath whose treatment of his patient consists simply of the manipulation of the body, does not violate that provision of the act of May 22, 1894, section 8, which forbids the applying of "any drug, medicine or other agency or application" by an unlicensed person. It says that the phrase "other application" is a very broad one, and, in its general sense, would undoubtedly include the use of the hands. But it is conjoined to the terms "drug" and "medicine," which are much more special; and, under the maxim, *"Noscitur a sociis"* (the meaning of a word is or may be known from the accompanying words), its interpretation should be such as will confine it to the class in which its special associates stand. Moreover, as a phrase employed to create and define offenses unknown to the common law, it must be strictly construed. In forbidding an unlicensed person to apply any drug or medicine for remedial purposes, the legislature plainly contemplated the use of something other than the natural faculties of the actor—some extraneous substance. A similar restriction must attach to the more general terms "agency" and "application," and they must likewise be held to import only some extraneous substance.—*Medico-Legal Bulletin.*

For one not of the legal profession to criticize a decision of the Supreme court may seem, and perhaps is, presumptious. However, we are told that law is "common sense," and therefore we hope our legal friends will pardon us for taking issue with the above decision of the New Jersey Supreme court. For what purpose was the law cited above passed by the New Jersey legislature? Was it not for the purpose of protecting the people from harm at the hands of incompetent persons who profess to be able to cure disease? Certainly no one will deny this to be the plain

purpose of the law. This being granted, the law utterly fails of its purpose if it does not include the application and use of all "agencies" that may be, if not intelligently used, productive of harm. For instance, what agency more likely to produce harm than the hand of an ignorant osteopath applied to an ectopic gestation sac, or to a distended pus tube, or worse still, to an appendiceal abscess? The writer knows of an instance in which an appendiceal abscess was ruptured by the manipulations of an osteopath, and in which the patient's life was saved by prompt surgical intervention, but at the expense of a hernia, due to the drainage made necessary by the ignorant employment of the hand by the osteopath. Suppose, and the supposition is not an unlikely one, that a case similar to the above should occur in New Jersey, and suppose that the nature of the accident were not recognized until a fatal peritonitis had developed. Would the Supreme court of New Jersey hold that the ignorant pretender who caused the death had not transgressed the law because the "agency" with which he killed the patient was not "some extraneous substance?" Again, suppose that an unlicensed person should in the state of New Jersey forcibly break up the adhesions in a tuberculous hip joint while the pathologic process was still active and thereby produce a fatal generalization of the disease or increased invalidism in the patient. To be consistent the Supreme court of New Jersey would be compelled to pronounce such a person *innocent* provided he used nothing but his hands in accomplishing his purpose, and *guilty* if he used any mechanical appliance, though the result be the same in both cases. Is not this equivalent to saying, "You may kill or maim if you do it with your hands, but don't do it with any "extraneous substance?' "

Nor do we think the reasoning of the court makes it clear that "in forbidding an unlicensed person to apply any drug or medicine for remedial purposes the legislature plainly contemplated the use of something other than the natural faculties of the actor—some extraneous substance." Had the legislature meant this why did they make the law to read "any drug, medicine or other agency?" Agency is defined as "a means of producing effects." Therefore the law as above quoted holds any unlicensed person liable who uses any drug, any medicine, or any other means of producing effects for remedial purposes. There can certainly be no valid objection to this rendering of the law, and

if not, then any unlicensed person who uses any agency for remedial effect in New Jersay is liable to punishment therefor.

In conclusion, therefore, we submit that the interpretation of the New Jersey court as above given is not in accord with common sense nor the established rules of English composition, and hence is not law. M. F. P.

Russia's Attitude Toward Medical Progress.

At the Ninth Russian Congress of Physicians and Surgeons the following resulutions were adopted by some of the sections:

"A systematic and rational struggle with infant mortality, alcoholism, tuberculosis, syphilis and other wide-spread diseases, which form in Russia a public evil of enormous extent, is possible only under conditions enabling a broad dissemination of enlightenment concerning the true causes of their development and the methods of combatting them, the necessary conditions being freedom of the individual, of speech, of the press and of assembly.

"Believing that the extraordinary high infant mortality of Russia is mainly due to the poverty and ignorance of her population, the congress expresses the profound conviction that a successful struggle with this evil is possible only by way of broad social reforms.

"Corporal punishment should not exist in Russia, and the assistance of a physician in the capacity of witness or expert in the administration of such punishment is inadvisable."

The above resolutions were distasteful to the "powers that be" and at the suggestion of the St. Petersburg municipal authorities the presiding officer refused to read them publicly at the last general session. And yet those in authority in Russia cannot understand why Japan has so many more sympathizers than Russia has, and the czar asks an enlightened world to take him seriously when he talks of "universal peace." The people of the world don't want the kind of peace that is borne of war and kept alive through fear, but that kind of peace which has its conception in principle, is born of knowledge and is nourished on justice, liberty and love.

The iridescent nonsense upon which autocratic government rests is melting away in the sunlight of common sense and reason and the superstructure is bound sooner or later to fall. Men are of God, but government is of the people. M. F. P.

The Patent Medicine Question.

The *Jour. Am. Med. Asso.* quotes *Printers' Ink* as follows: "The patent medicines sold to consumers will hold their own for a good many years to come, I believe. But the patent medicine of the future is the one that will be advertised only to doctors. Some of the most profitable remedies of the present time are of this class. They are called proprietary remedies. The general public never hears of them through the daily press. All their publicity is secured through the medical press, by means of the manufacturers' literature, sometimes gotten out in the shape of a medical journal, and through samples to doctors. For one physician capable of prescribing the precise medicinal agents needed by each individual patient, there are at least five who prescribe these preprietaries. They are the chief stand-by of the country practitioner. * * * * The physician himself, always so loud in the denunciation of patent medicines, will be the most important medium of advertising at the command of the proprietary manufacturer. In fact he is today."

Where lies the blame for this unwelcome and distasteful charge against the medical profession? Is the charge true? If it is, and there certainly must be some foundation for it, then there is as certainly urgent need for a change on the part of doctors themselves. The manufacturer can hardly be condemned for utilizing a means of increasing his trade. He looks upon "working the doctors" as a perfectly legitimate procedure.

The whole ugly picture of the debasement of the medical profession by the manufacturers of proprietary medicines is the result largely of the growing tendency of physicians toward prescribing their own medicines. If he dispenses, he must first purchase his drugs, and to escape unnecessary labor he buys ready-made formulae. He is solicited to buy ———'s Tonic, ———'s Heart Stimulant, ———'s Anodyne for Infants, ———'s Cathartic, and so on, *ad nauseam*.

When he begins to prescribe these, he forgets the individual ingredients and knows the combination only by the trade name and as one knows a single drug. From this habit it is only a step to the ordering of a secret remedy or dispensing it from the office. There are many such urged upon the profession by salesmen, and it is a very commendable thing for physicians to frankly state to representatives of such secret remedies that they

employ nothing in their practice whose working formula is secret, and then to adhere closely to such a rule.

It is entirely unnecessary to go outside of the United States Dispensatory and the National Formula for agencies to modify or cure disease. It may be more trouble for one to compound his own prescriptions from the crude drugs, but such course would make the dispenser better acquainted with his remedies and the patient would be the gainer; then the profession would be relieved of the accusation of being "the most important medium of advertising at the command of the proprietary manufacturer."

We would recommend the study of text-books on therapeutics to all physicians. It is surprising how much of the action of drugs one forgets as the years succeeding graduation roll by.

B. Van S.

The Northern Tri-State Medical Association.

The last meeting of the Northern Tri-State Medical Association, held at Adrian, Michigan, in July, gave evidence of increasing interest in that organization as one of the medical societies worthy of the support of the progressive physicians of Northern Indiana, Southern Michigan, and Northwestern Ohio, the territory covered by its membership. To Dr. George W. Spohn, of Elkhart, Ind., the president of the Association, is due much credit for instilling life into the organization. The attendance at the Adrian meeting was very satisfactory, and the papers and discussions of an eminently practical and interesting nature. So satisfied were the members with Dr. Spohn's services that he was re-elected president for another year. It is safe to predict that under his leadership the next semi-annual meeting, to be held in Toledo, Ohio, in January, 1905, will prove more interesting and profitable than any previous meeting, and the attendance correspondingly increased. While the Society receives its membership principally from Northeastern Indiana, Northwestern Ohio and Southern Michigan, yet any physician of good standing in the three states named is eligible to membership. It is the one medical organization of the territory mentioned where the physicians can come together for scientific and social profit. We particularly urge that cordial support be given the Association.

A. E. B.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Surgical Diagnosis.**

BY

MILES F. PORTER, M. D.,

Professor of Surgery and Clinical Surgery, Fort Wayne College of Medicine.

In order that I may not be misunderstood it will perhaps be well for me to define clearly my position.

An exact and complete diagnosis is perhaps to be desired and sought after in all cases, but such a quest should not be pursued to the detriment of the patient.

That an overweening desire for an exact and complete diagnosis not infrequently leads to a fatal delay in operating is a fact that all surgeons of experience can attest.

A diagnosis which will lead to correct treatment is sufficient. The diagnostician's object should be the truth for the patient's sake, not the truth for the truth's sake. In other words, our aim should be a diagnosis for the patient's sake rather than a diagnosis for science's sake. I am heartily in favor of all scientific investigations which have for their object the increase of knowledge, and especially am I anxious to encourage all medical and surgical research, but I insist that such search an investigation must not be carried on to the patient's detriment.

A timely working diagnosis is of more value to the patient than a delayed one that is complete.

Given, a case of obstruction of the bowels. The question often arises, is it due to invagination, or volvulus, or bands, or adhesions producing strangulation? Now it makes not one whit's difference to the patient which of these conditions exist, nor does it to the surgeon. The patient wants the obstruction relieved, and the best way to do it is through an open belly, no matter which of the above mentioned conditions exist. The celiotomy clears up the diagnosis and determines the nature of the further operative technique. A man falls from a height and is immediately paralyzed from the waist down. In so far as the patient's

*Read before the Northern Tri-State Medical Society at Adrian, Mich., July 26, 1904.

good is concerned what difference does it make whether the paralysis is due to a depressed bone fragment, a clot, a dislocation, or even a destruction of the cord? In either event operation is the best treatment, for it offers the best chance for recovery in case of pressure on the cord from any cause and does no harm if the cord is destroyed. On the other hand to delay operation with a view to reaching a correct conclusion as to the nature of the injury to the cord may be to delay until pressure which might have easily been relieved has produced degeneration. A man gets a blow on the head or a fall and presents the well known symptoms of cerebral compression. From a scientific aspect it would be very interesting to determine before operating the exact nature of the lesion, but practically it makes no difference whether the symptoms be due to an epi or a sub-dural clot or a depressed fragment of bone. In either event the proper thing to do is to operate. It were better to open a dozen skulls to find no lesion requiring surgical intervention than to delay in one case demanding it. At the meeting of the Wabash railroad surgeons in November, 1897, I read a paper urging the necessity and the advisability of early exploratory operations on the skull and spine under the same circumstances as exploratory operations are done on the abdomen, and subsequent experience confirms me in the belief that the general adoption of this rule would save many lives and much morbidity.

A child is threatened with suffocation from an acute laryngeal trouble. Better to put a tube in that child's throat and give an injection of anti-toxin, forever remaining ignorant of the exact nature of the trouble, than to wait twelve hours for a culture and sign a death certificate as a consequence of the delay.

With the bulk of the profession, and especially with the laity, there is still too great a tendency to turn to surgery only as a last resort. This tendency is growing less each year, to be sure, but in it today may be found the explanation of the loss of many lives and the existence of much unnecessary suffering and disability.

I know of nothing that will better illustrate the baneful effects of this tendency than to recite a personal experience in connection with appendicitis cases. At the present writing I have in Hope Hospital six appendicitis cases. One only was an early operation and was closed without drainage. The other five re-

quired drainage for the extensive suppuration, and in three cases fecal fistulae exist. In two of these latter cases practically all the fecal matter was passed through the abdomen for a time. A case taken into the hospital about the same time and in much the same condition as the five, died within thirty-six hours after the operation. We have had here then one death, and five cases of unnecessarily prolonged and very trying invalidism which might have been prevented by prompt action and prompt diagnosis. Nor is this all. It is almost certain that two or more of these cases will, within five years, develop hernias which will need operation, and not at all improbable that one or more may develop intestinal obstruction. In a recent paper (*International Clinics,* July, 1904,) I pointed out the fact that according to published opinions of writers upon the subject a death rate of over 33 1-3 per cent. attended uncomplicated sub-parietal injuries of the kidney and stated it as my opinion, based upon a study of the literature and my personal experience, that the mortality was unnecessarily high and could be materially reduced by earlier operative interference. Which is equivalent to saying that an earlier diagnosis can be and should be made in these cases. The best way to cure a carcinoma or sarcoma is to remove it thoroughly before you are certain that it is either. To await the development of positive signs, or to depend upon examination of specimens removed by a harpoon or similar device is silly and dangerous Given, for instance, a suspicious tumor of the breast. If it occur in a woman past twenty-five years of age a radical operation along the lines laid down by Halstead should be done. If such a tumor should occur in a younger woman it should be removed entire, but with a view, if possible, of saving as far as is possible, the contour of the breast. After which it should be thoroughly examined microscopically. If this examination proves it to be malignant a radical operation should at once be done, but if it be proven benign, then no further operation is necessary.

Many intra-abdominal troubles are best operated before a positive diagnosis can be made. In illustration, an early differential diagnosis between fulminant appendicitis, gangrenous cholecystitis, acute suppurative pancreatitis, volvulus, mesenteric thrombosis and ruptured tubal pregnancy is often impossible save through exploratory celiotomy. And in each and all of these conditions the only salvation of the patient lies in timely

operation. In conclusion I would like to impress upon the minds of my hearers the fact that delay is responsible for a larger number of surgical failures than all other causes combined; that this delay often is unwarranted and unnecessary if we fully appreciate the fact that an adequate working diagnosis need not necessarily be a complete one and that surgical exploration is oft-times the best means of arriving at a diagnosis.

'Tis better to cure a patient without a diagnosis than to bury him with one.

Personally I much prefer being alive and undiagnosed to being diagnosed and dead.

---

*Some Atypical Cases in Abdominal Surgery.**

By Dr. Hal C. Wyman, Detroit, Michigan.

Case 1. A woman, aged 37 years, mother of three children and previously in excellent health, was attacked suddenly, while about her household duties, with severe pain in her upper abdomen. Family physician pronounced the case gastralgia and relieved the symptoms with hypodermic injections of one-fourth grain of morphia every four hours. Thirty-six hours after the attack she became greatly nauseated and presently vomited about one-half pint of clotted blood which was quite dark and in part like coffee grounds. Then she became much easier, but pulse was small, feeble, and countenance was very pale. Two hours later she again had pain, became restless, and vomited a pint of fresh blood, but slightly grumous. The condition of the patient was now very serious. Drugs were apparently powerless to meet the indications and resort to surgery was advised by family physician.

I found an area of tenderness about two inches in diameter about one inch below the ensiform cartilage. Slight pressure here gave great pain and caused nausea. There was nothing in the history to indicate previous even slight disturbances of the stomach or gall bladder further than a pronounced and prolonged period of nausea while pregnant with last child four years before. Pulse was so bad, abdomen so tender and effects of hemorrhage so pronounced that we deemed an exploration and probable operation for ulcer of stomach or duodenum advisable. We hoped to anticipate perforation.

Incision was made from ensiform to umbilicus, and an exploring finger introduced. Extensive adhesions were found be-

*Read before the Northern Tri-State Medical Association, at Adrian, Mich., July 26, 1904.

tween very small gall bladder and ducts and omentum, which bound these organs to the transverse colon and duodenum so that the transverse duodenum was a pouch and twice the normal size. Stomach was drawn through wound and an opening made in it about two inches from pylorus. Through this the index finger was introduced and pushed through a dilated pylorus which was so abnormally wide that it did not embrace the finger to a point of constriction in the descending duodenum probably four inches from the pylorus. With index of right hand in this position adhesions about the duodenum and gall bladder were gently broken up, divided and ligated until easy passage by constricted part in duodenum was removed. No active ulcer was found in either stomach or duodenum by most careful search by sight and touch that could be made through stomach wound.

The causes of adhesions and choked duodenum and subsequent hemorrhage and collapse we thought had its origin in some mysterious infection of biliary tract occurring during last pregnancy and we deemed removal of obstruction from duodenum all that was required of surgery to restore patient to health. Subsequent history of sound recovery showed our aims were correct.

Case 2. A Pole, aged 37, a laborer, had pain in right side of abdomen so severe that he several times in the course of six months had to leave his work and go home and call a physician, who always succeeded in relieving him with anodynes. Presumably, however, these failed and an attack more persistent than others prostrated him and revealed a tumor in the right abdomen extending upward from anterior iliac spine toward the umbilicus. He had fever and was very tender and sore about this swelling. His bowels were costive. This was apparently an abscess of the region of the appendix and the previous attacks of pain led the family physician to call me to operate for appendicitis.

Under anaesthesia I made a careful physical examination and found a mass fluctuating which extended from the appendix upward toward the stomach. It was continuous with the stomach above and with the caecum below, apparently was not movable, but was very sensitive to taps bringing out the waves of fluctuation. I opened abdomen over it, and proceeding cautiously with exploring finger traced it upward to the pancreas and demonstrated it to be a pancreatic cyst of second pencreatic duct which had tipped over and dragged viscera of upper abdomen down

toward the caecum, where it had provoked some inflammation which caused it to adhere feebly. It was easily separated from adhesion, and was ligated about and through a pedicle of perhaps one inch in width, and cut away. I had fears of the ligature not holding against pressure within stump of cyst, and inserted a drainage tube through abdominal wound. Healing took place kindly. About ten days after operation a thin watery fluid—pancreatic—began to discharge through the tube and has continued to discharge through a small fistula now about a year. Patient has no pain and is able to work.

Case 3. A young woman, aged 22, single, with a history of being strong and well, was suddenly attacked about 2 o'clock in the morning with pain in the right iliac region. Paragoric and hot cloths failed to relieve it, so a physician was called. He gave morphia, and applied antiphlogistine externally, which temporarily gave her some comfort. She was soon, however, in a bad way, with pain and fainting spells, and he called me to operate on her for fulminating appendicitis.

There was great palor in patient's face when I saw her some six hours after the onset of her distress. Pain in right side of abdomen and tenderness was quite typical of appendicitis, although I think it was much more active and acute than usual at time of perforation of appendix. The intense paleness and small hemorrhagic pulse led me to suggest that there might be internal hemorrhage, and to inquire about the menstruation during the preceding three or four months. I learned that she had been unwell more or less every two weeks for two months or more. An examiantion per vagina revealed the uterus immobile and tilted to the left. In the region of the right broad ligament a slightly yielding mass could be felt by combined manipulation, which might have been a big abscess or a clot of blood.

I proceeded to open the abdomen because patient was growing paler and weaker, and could not hold out much longer against evident pain and internal hemorrhage. I made an opening from symphysis to umbilicus, using care not to wound the bladder. Great clots of blood poured out. I thrust two fingers down astride of the right broad ligament, feeling plenty of fresh warm blood on the way, and followed this with long beak forceps which I pinned on to the broad ligament close to the uterus. Then I brought up tube and ovary and clots from right pelvis, and found

a rent in the tube fully an inch in length, and in the clot an embryo of between two and three months. Ligature was passed about the lacerated tube and it was removed. The ovary was left in place. All clots were wiped out with aseptic gauze and the abdominal wound closed. There was nothing untoward in the subsequent recovery of the patient. Her social standing doubtless led the family physician into error early in the case, but we may say "all is well that ends well."

These are a few atypical cases that I have recited at random. They are not materially different from others which have occurred in the practice of those who do abdominal surgery. They should teach caution in diagnosis, but determination to promptly adopt any surgical measures necessary in the interest of the patient.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF MAY 24th.—The Society met in the assembly room of the court house, with President Morgan in the chair and thirty members and guests present. Minutes of previous meeting read and approved.

Dr. L. P. Drayer reported a case of puerperal nephritis, the sixth of a series of cases, the foetus dying in utero and being born a week later. He said he wished to emphasize a statement made at the time he read a paper on this subject before the Society a few months ago, that he believes it the duty of the attending physician to induce labor in all such cases as soon as the child is viable.

Commenting on the subject, Dr. Maurice Rosenthal said that it was sometimes a hard question to decide whether advisable or not to bring on premature labor. He reported a case of puerperal eclampsia due to nephritis in a woman who recovered and a year and a half later gave birth to a living child without suffering from eclampsia, but with marked albumenuria and eye

symptoms. The woman is now pregnant again and the question arises as to the advisability of allowing the pregnancy to continue.

Dr. A. P. Buchman, referring to Dr. Rosenthal's case, said that in his judgment pregnancy should be interrupted or otherwise grave symptoms for the mother would probably result. He thought it advisable to always be sure of the diagnosis.

Dr. K. K. Wheelock said that it was his observation that in these cases the injury to the retina occurred more frequently in primipara, largely because of abdominal pressure from tight muscles. He would not recommend bringing on premature labor unless the eye symptoms were severe.

Dr. Miles F. Porter said that if bringing on premature labor in all marked cases of puerperal nephritis was the rule, then many lives would be sacrificed which without the adoption of such measures might be saved. He thinks that the albumen rather than the urea is the index to the kidney involvement.

Dr. Maurice Rosenthal said that while the definite cause of eclampsia is in dispute, yet there can be no question as to the necessity for active elimination as the best treatment in such cases.

Dr. B. V. Sweringen said that in these cases two lives must be considered—that of the mother and child. An effort should be made to save both lives, but if one had to be sacrificed it should be the one which is an unknown quantity, and that is the child. He thought that natural termination of labor in some of these cases had resulted in the loss of both mother and child, where if premature labor had been brought on the mother's life would probably have been saved, and possibly the child's life might also have been saved. Many times it is safe to bring on labor at the eighth month, when the mother's symptoms are threatening, without adding to the chances of losing either mother or child. If the toxaemia can be cut off by one month it sometimes means much in saving the life and future health of the mother.

Dr. E. J. McOscar thinks that the toxaemia is entirely a mechanical one and that it is due to pressure which can in a measure be overcome by active eliminative treatment. He would not advocate premature labor until all other efforts to relieve symptoms had been tried. Thinks that every physician should note the oncoming of symptoms and institute proper treatment early. Under such conditions there would be fewer bad results.

Dr. E. E. Morgan said that he was now watching a woman seven months pregnant, and a primipara, in which the urine was greatly diminished and there were other significant symptoms, but as yet there had been no pronounced disturbance warranting the belief that nephritis was inevitable.

The principal paper of the evening was read by Dr. H. A. Duemling, the title being "Cancer of the Uterus." He said that not less than one-third of primary cancers are referred to the uterus. Williams claims that cancer is four times as frequent now as fifty years ago. Three classes may be recognized: First, vaginal; second, cervical; third, those of the body of the uterus. The latter are usually of the polypoid variety, of irregular size, in the portio-vaginalis, are bathed with secretion and break down by ulceration and infiltration. The pelvic tissues may be invaded as well as the bladder and lymph glands. The viscera are invaded by metastasis in about 25 per cent. The cervical form varies with size and location. Invasion is toward the corpus of the uterus rather than the vagina. The pelvic tissues of the bowels and glands may be invaded. Three varieties are recognized: First, diffuse; second, circumscribed; third, polypoid. Points in the diagnosis are: First, bleeding after coitus; second, hemorrhage after climacteric; third, pathological condition in situ. The diagnosis is dependent largely upon inspection and palpation, but occasionally the final diagnosis must be deferred until the microscopical examination is made from the currettement.

The discussion was opened by Dr. Maurice Rosenthal, who emphasized the importance of early diagnosis and said that one of the first symptoms to be considered is hemorrhage, and second, a watery discharge. He said that he believed that cases with a granular condition of the uterus and where appearances are those of cancer should always be considered as such and a microscopical examination made early to settle the diagnosis. Clinical evidence, however, is usually more to be relied upon than microscopical examination. Pelvic glands should always be examined.

Dr. M. F. Porter said that early diagnosis is almost impossible because the usual symptoms seen are late ones. In his judgment the so-called cured cases are those which are operated before positive diagnosis is reached. Better results are shown in the cervical cases by high amputation by cautery. It is always better to remove a suspicious uterus than to wait for the positive

diagnosis. An early operation applies to cancer as to other operable conditions. Commented on the serum diagnosis for cancer and said that it was too early to pass a definite opinion upon this subject.

In closing the discussion Dr. Duemling said that "early" in connection with a diagnosis is a relative term. He believes that early operation offers the only hope of relief.

Dr. K. K. Wheelock read a paper on "Operative Treatment of Laryngeal Tuberculosis." Said that the operation is done under 20 per cent. cocaine, an incision being made through the thyroid, the wound being left open and packed. The cough is allayed by cocaine by local application. Primary tuberculosis of the larynx is rare, but the method of opening the larynx is far better than curetting through the mouth, or other treatment. It is extremely important to arrest the process of extention to the lungs. Some of the symptoms are persistent hoareness, sticking sensation in the larynx, dysphasia and constitutional symptoms. Pulmonary tuberculosis is benefitted sometimes by tracheotomy, through increase of oxygenation.

Dr. Maurice Rosenthal briefly discussed the paper and said that the dangers of the operation should be carefully considered. Upon motion the paper was referred to the State Society.

The Board of Censors reported favorably upon the applications of Drs. Kane and Gordon, and they were unanimously elected to membership. The application of Dr. G. H. Hoffman was read and referred to the Board of Censors.

On motion, which was duly passed, it was decided that a symposium on nephritis of pregnancy be made a subject of the Robison Park meeting, to be held two weeks later. On motion it was decided that the president and secretary arrange the program for the meeting.

Adjourned.

J. C. Wallace, Secretary.

MEETING OF JUNE 7th.—Society met in the assembly room of the court house, with President Morgan in the chair and twenty-three members and guests present. Minutes of previous meeting read and approved.

Dr. E. E. Morgan said that the case of pregnancy in a primipara, reported at the last meeting as having suspicions of oncom-

ing kidney involvement, was improving and that a recent examination showed that the woman was passing a normal quantity of urine.

Dr. K. K. Wheelock read a paper on "General Sepsis Resulting from Retention of Pus in the Antrum of Highmore." In this connection he reported a case in which a patient was treated for la grippe and later sought relief for pain about the eyeball and brow. At first it was difficult to tell whether the pain was from the Antrum of Highmore or from the frontal sinus. Later a chill developed, followed by febrile symptoms. Two teaspoonfuls of pus were evacuated from the antrum and the cavity flushed. Daily examinations showed steady lessening of the pus, which was pneumococcic in variety. Abscess of the accessory sinuses may follow any of the exanthematous diseases, but on account of its peculiar anatomical structure and location the Antrum of Highmore is particularly susceptible to infection. Pus may be evacuated through the nose for months previous to a differential diagnosis. Nasal discharge in itself is of little value in differentiation. Bilateral discharge from the nose does not mean infection on both sides. Is usually followed by headache and mental impairment. Pain is due to irritation of the fifth nerve. There are two general classes of eye symptoms. First, displacement of the eyeball, and second, irritation of the optic nerve. Orbital abscesses are not common, consequently the symptoms point to accessory sinuses. Conclusions should not be reached until sinuses are thoroughly examined.

In the discussion Dr. Geo. E. Johnson (dentist) regards the transillumination lamp as valuable in diagnosis. The site for operation is tuberosity of the superior maxillary bone, an opening being made one-quarter to three-eights of an inch in diameter, which will permit of free drainage. He reported a case in which on trephining through the canine fossa the probe dropped clear back through into the pharynx. The roots of the teeth are a source of infection.

Dr. Wheelock said that he regarded transillumination of little value and as only throwing side light on the situation. The presence of pus as brought out by the puncture is the most diagnostic. If pus is found the sinus can be washed out through the ostium maxillare, but if a chronic unyielding condition is found the

whole series of cavities should be cleaned out by operation. There are many methods of operation; several of them are good.

Bills from Dreier Bros. and Lose & Ferguson were presented and allowed.

The application of Dr. J. W. McCausland was referred to the Board of Censors.

Adjourned.

J. C. WALLACE, Secretary.

The American Medical Association.

The fifty-fifth annual session of the American Medical Association, held at Atlantic City, N. J., June 7-10, was in nearly every respect the most notable session in the history of the Association. The attendance was larger by everal hundred than ever before, and while this was in a measure due to the popularity of the place of meeting and its nearness to the metropolitan centers where the bulk of the membership of the Association resides, yet the increased attendance was also due to the activity of the past year in medical organization and its attending increase of interest in scientific progress as carried on by such organizations as the American Medical Association. The Atlantic City meeting was an exceedingly profitable one for all those who attended, for never before have the papers and discussions been of a higher order of merit. The social features of the meeting, while as prominent as customary, were not such as to detract from the scientific work as has sometimes been the case at previous meetings. The officers reported that the Association has prospered from year to year. Real estate to the value of $140,000 is owned by the Association, and to this can be added other property to the value of $60,000. During the year dues amounting to $63,237 were collected, and the *Journal* received from non-members of the Association $52,567 in subscriptions, and from advertising $85,533. More than $10,000 worth of advertising not ethical was declined. The total membership of the Association is approximately 16,000. The committee on reorganization reported that during the year the number of County Medical Societies in the United States had increased from 1,600 to 2,830, and the membership in the various State Medical Associations has materially increased, in some states being more than quadrupled. Much of the good work accomplished by reorganization may be

credited to Dr. Geo. H. Simmons, secretary of the A. M. A., and Dr. J. N. McCormack, chairman of the committee on reorganization. The next session of the Association is to be held at Portland, Oregon, July 11th to 14th, 1905. The date has been selected with a view to making the meeting convenient for those who will want to utilize the trip as a summer vacation, which for most men is taken some time during July. Portland has a delightful climate in July and consequently there need be no fear of hot weather.

Marshall County Medical Society.

The twenty-sixth annual meeting of the Marshall County Medical Society was held in Plymouth, Ind., on Thursday, June 23. The following program was followed:

"How Necessary a Correct Diagnosis," Dr. W. R. Cisna, Chicago.

"Subparietal Injuries of the Kidney," Dr. Miles F. Porter, Fort Wayne.

"Menstrual Disorders as an Index to Diseases of Women," Dr. L. H. Dunning, Indianapolis.

"Appendicitis," Dr. C. B. Stemen, Fort Wayne.

"Treatment of Pneumonia," Dr. G. W. Thompson, Winamac.

"Surgical Technique," Dr. C. A. Daugherty, South Bend.

"Gonorrheal Ophthalmia," Dr. W. A. Hager, South Bend.

"Nephrophtosis," Dr. S. C. Loring, Plymouth.

"Modern Treatment of Gonorrhœa," Dr. R. C. Stephens, Plymouth.

The Northern Tri-State Medical Association.

The thirtieth semi-annual meeting of this Association was held in the city hall, Adrian, Mich., on Tuesday, July 26, 1904. The meeting was called to order by President G. W. Spohn, of Elkhart, with an attendance of twenty members and guests. Minutes of the previous session were read and approved. The address of welcome was delivered by Dr. C. Kirkpatrick, who officiated on behalf of the mayor. This address was briefly responded to by the president.

The following committees were appointed: On membership—Drs. W. F. Shumaker, Butler, Ind.; S. G. Holbrook, Coldwater, Mich., and E. T. Morden, Adrian, Mich. On constitution

and by-laws—Drs. Albert E. Bulson, Jr., Fort Wayne, Ind.; J. A. Weitz, Montpelier, Ohio, and A. Hathaway, Edon, Ohio. On finance—Drs. G. W. Cameron, White Pigeon, Mich.; E. E. Ash, Goshen, Ind., and H. D. Wood, Anugola, Ind. On nomination—Drs. J. A. Weitz, Montpelier, Ohio; W. F. Shumaker, Butler, Ind., and W. H. Baldwin, Quincy, Mich. The membership committee reported favorably on F. E. Andrews, E. F. Morden and E. D. Chase, and the secretary was advised to cast the vote of the Association for their election to membership.

The morning session was largely devoted to reports and discussions of cases. Dr. H. D. Wood, of Angola, gave his experience in a number of unusual cases of appendicitis. He advocated operation in all doubtful cases, and said that he believed that the patient was no worse off as a result of an exploratory operation, and delay might result in a fatal termination.

Dr. J. A. Weitz, of Montpelier, Ohio, said he thought some cases diagnosed as appendicitis were really cases in which the appendiceal inflammation was but a contributary part of the trouble. He thought appendicitis as a complication was most frequently traumatic in origin.

"Chronic Enlargement of the Prostate" was a subject introduced by Dr. Snapp and discussed.

Dr. H. D. Wood, Angola, had but little faith in the so-called medical treatment of enlarged prostate, but considered surgical measures the only treatment warranted in pronounced cases.

Dr. W. F. Shumaker, Butler, thought that an enlarged prostate was not the primary cause of disturbance to the normal and free passage of urine through the urethra, but that in nearly all these cases a diseased bladder will be found. He thought a less number of these cases would be found if patients were more generally advised to drink large quantities of water.

Dr. J. S. Jenkins, Venedocia, Ohio, said that he did not consider the urine as a primary cause of obstruction in the urethra, but a gradual enlargement at the neck of the bladder acted as a dam, causing residual, ammoniacal urine, and resulting inflammation. Much relief is secured in these cases by frequent cleansing of the bladder with mild alkaline antiseptics.

Dr. Kirkpatrick said he was satisfied that the use of electricity produced a diminution in the size of the glands in some cases.

A paper entitled "The Doctor vs. the Druggist," was read by Dr. D. L. Treat, of Adrian, Mich. The essayist defended the druggist in the sale of proprietary remedies, which except for the druggist would be carried by general stores, and claimed that druggists frequently attempted to dissuade patrons from purchasing patent medicines, and recommend the employment of a reputable physician. He also advocated the writing of prescriptions instead of the practice of physicians compounding their own drugs. He contended that substitution, so generally attributed to the druggist, was more often practiced by the physician who compounds his own remedies, who in not finding in his supply the exact drug indicated in the treatment of the case, invariably substituted the next best thing in stock.

Dr. W. F. Shumaker favored office prescribing, but said the question of writing prescriptions depended almost altogether on the location of the physician and the facilities afforded.

At the afternoon session, with fifty members present, a paper was presented by Dr. Miles F. Porter, of Fort Wayne, his subject being "Surgical Diagnosis." (The paper appears in full in this issue of *The Journal-Magazine*.) In the discussion of the paper Dr. John North, of Toledo, said that he wished to commend the stand taken by the essayist. He thought that the medical teaching in our schools lays too great stress upon the question of a positive diagnosis before resorting to treatment, and as a result our younger practitioners in many instances allow patients to suffer unnecessarily when a little common sense treatment would not only relieve the patient, but perhaps be the means of aiding in the establishment of health.

Dr. W. F. Shumaker, of Butler, said he thought too much time was wasted in an endeavor to positively diagnose the extent and character of abdominal inflammations when an operation was indicated, no matter what the character of the trouble. He thought it made little difference as to whether pus in the abdomen came from an appendix, a ruptured tube, or any other cause, the proper treatment would be to remove the pus by surgical measures.

Dr. C. B. Stemen, of Fort Wayne, agreed with the essayist in advocating more promptness in accepting surgical treatment in those conditions which we know to be operable and which end in unsatisfactory results unless operated. Early operation never

killed a patient, but a late one has frequently not been sufficient to save the life of the patient.

In closing the discussion Dr. Porter said that every means should be adopted to arrive at a correct diagnosis so long as the patient's interests are not jeopardized. If, however, a correct diagnosis cannot be made except through a delay that threatens to be disastrous for the patient, then it is the physician's duty to operate at once, remove the source of trouble, and think about his diagnosis afterwards. He said he thought most patients preferred to be alive and relieved of a dangerous affection which had been undiagnosed, than dead from a disease which received no attention because the attending physician waited until a diagnosis could be made before deciding as to the measures to be adopted for the relief of the patient.

Dr. H. C. Wyman, Detroit, presented a paper on "Atypical Cases in Abdominal Surgery." (This paper appears in full in this issue of *The Journal-Magazine.*)

In discussing the paper Dr. W. J. Gillett, of Toledo, said he thought the cases were all instructive and indicated the importance of the adoption of prompt surgical measures.

Dr. M. F. Porter, Fort Wayne, took exceptions to the statement of the essayist that the last case reported was atypical. He contended that a woman previously in good health, either married or single, who is taken suddenly and without warning with a sharp pain in the abdomen, should be considered as possibly having a ruptured tubal pregnancy and that the surgeon is warranted in every instance in suspecting such a condition as the cause of trouble. He believed that in nine out of ten cases giving such a history as that mentioned in the report of the last case of the essayist, the trouble would prove upon operation to be a ruptured tubal pregnancy, and the fact that the patient was not married should not act necessarily as an objection to the conclusion.

(*To be continued in the next issue.*)

NEWS NOTES *and* COMMENTS

The Fort Wayne College of Medicine.

The twenty-sixth annual announcement of the Fort Wayne College of Medicine, the medical department of Northern Ohio University, has recently been issued. The session for 1904-5 will begin on Tuesday, Sept. 6th, and continue for seven months, closing on Saturday, April 15, 1905. The usual holiday vacations are scheduled. The faculty consists of forty professors and instructors, and the complete course of instruction requires four separate sessions of seven months each. The requirements for matriculation are those set forth by the Association of American Medical Colleges, of which the Fort Wayne College of Medicine is a member. The course as a whole is intended to be eminently practical, and as it is taught by men engaged in the active practice of their profession, the knowledge necessary to create a practical physician receives accentuation at their hands. The college building is well equipped with lecture rooms, laboratories, and the necessary appliances for thoroughly up-to-date teaching. The various hospitals and public institutions in the city afford ample clinical material. From the students of the graduating class the positions as internes or assistant physicians at the Indiana School for Feeble Minded Youth, and St. Joseph and Hope Hospitals are chosen by competitive examinations. Dr. Wm. O. Gross, Secretary, 930 Barr street, Fort Wayne, Ind., will mail catologues or answer correspondence with reference to the college.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

The Hygiene of the Barber's Shop.

Wherever stringent municipal ordinances are not enforced with regard to the hygienic management of barbers' shops, medical men should be untiring in cautioning both the barbers and the general public as to the dangers of transmitting disease in the operations of shaving and hair dressing, and instructing them in the means to be taken to reduce these dangers to the minimum. The subject is by no means trivial, and we are glad to see that Dr. Calmette, of the Pasteur Institute of Lille, has taken the trouble to prepare quite an elaborate article on it.

M. Calmette gives a list of diseases, the subjects of which should have their hair and beard attended to at their own homes. It includes ringworms, favus, sycosis, herpes circinatus, impetigo, eczema, acne, molluscum contagiosum, ecthyma, follicular inflammation, syphilis, scabies, and phtheiriasis. This strikes us as a generous list, but it is well to be on the safe side. The author thinks that each chair should be enclosed to prevent the floating of scales, etc., from one person to another, but it may be questioned, we think, if the confinement of such material thus occasioned would not on the whole make it all the more offensive and deleterious whenever it was occasionally stirred up. The implements used by the barber should be sterilized after each occasion of his ministering to a customer. Scissors and clippers, he says, can be readily cleansed by means of boiling water, provided they are so constructed, as they always should be, that their parts may readily be separated. It may be well to add a little sodium carbonate to the water, about an ounce and a half to a quart. Razors with metallic handles, the only kind to be recommended, may be treated in the same way, but for some reason which he does not indicate, M. Calmette thinks that, instead of being dried after they are boiled, they had better be closed and kept in a cold saturated solution of sodium carbonate, which, he says, will not injure either their temper or edge, and will not rust them.

It is impracticable to disinfect razor strops, but no danger can lurk in them if they are used only for sharpening razors that have previously been disinfected. Combs and brushes are best treated with a 5 per cent. solution of lysol, which is a mixture of cresylic acids saponified and rendered soluable by means of an alkali. Towels and napkins should not be used on more than one person before being disinfected, preferable with boiling lye. Pomade sticks and sponges should never be used, and the powder puff may be replaced by the powder blower. The floor should not be swept dry, and the walls and woodwork should be wiped frequently with a damp cloth.

The "aseptic barber's shop" is even now advertised to some extent in our cities, and we feel sure that the manifestation of some fastidiousness on the part of the public will before long lead to a general observance of asepticism by the barbers, for those who fail to observe it will gradually lose their patrons.—*N. Y. Med Jour.*

The Dietetic Treatment of Diabetes.

Hutchison, in the *Practitioner,* London, lays down the following dietetic treatment for diabetes: It is not safe to feed a diabetic patient up to the limit of his powers of assimilation. In mild cases allow two ounces of bread, with abundance of carbohydrate-free foods, and continue such a diet as long as weight and general condition of patient remain satisfactory. Twice a year subject him to a period of strict diet in order to give the carbohydrate-assimilating functions a complete rest. In severe cases where the patient excretes more carbohydrate than he takes in, it is necessary to determine the presence of oxy-butyric acid in the urine before restricting the diet. If, on the addition of a few drops of solution of perchlorid of iron, the urine assumes a dark port wine color, any change of diet must be very gradual, for such a patient is always in danger of coma. The carbohydrates should be reduced slowly, and bicarbonate of soda should be administered in quantities of from one-half to one ounce daily. If there is no improvement, it is best to abandon all attempts at a rigid diet and allow a definite quantity of carbohydrates in the form of bread and milk. If the perchlorid action is negative, the strict diet may be prescribed without anxiety. Begin by eliminating sugar and all the grosser forms of carbohydrates;

then the farinaceous food; then bread, and finally milk, each article being replaced as it is withdrawn by a carbohydrate-free substitute. The return of assimilative power may be tested by allowing a weighed quantity of bread; but, as a rule, the failure of assimilative power is progressive. If coma sets in, the best article of diet is skimmed milk, given freely, either plain or mixed with Vichy water, to which bicarbonate of soda may be added. Alcoholic stimulants should be used freely, as alcohol lessens the destruction of the proteids, which are the source of the acid poisons which produce the coma. In elderly persons absolute strictness of diet is less necessary. If no complications are present, it is sufficient usually to stop the consumption of sugar altogether and to restrict that of starchy foods. Many such patients, especially the obese, are improved greatly by an all-around reduction in the quantity of food consumed. Alcohol should be used with caution, especially in the form of beer. If complications develop, more rigid dieting is necessary.—*Jour. A. M. A.*

Post-Traumatic Neuroses and Psychoses.

Prince, in discussing an article on "The Prognosis of Post-Traumatic Neuroses and Psychoses" before the Boston Society of Psychiatry and Neurology, said:

1. In traumatic cases the tendency is to recovery unless prevented by injudicious treatment or other influences.

2. The earlier appropriate treatment is begun, especially in neurasthenic cases, the better the prognosis.

3. Many cases entirely recover.

4. Some cases only partially recover, so far as the complete disappearance of the symptoms is concerned, but yet recover sufficiently to enjoy life and to resume their vocations.

5. A minority of cases do not improve at all, or not sufficiently to make any material difference in their life.

6. The time necessary for recovery varies with the peculiarities of the case, the surroundings, the existence or not of litigation, etc.

7. While litigation is in progress little improvement can be expected, though it may occur.

8. The longer neurasthenic symptoms have persisted the more firmly established they become (habit symptoms), and the more difficult they are of cure.

9. Hysterical stigmata may disappear after existing a long time (many years).

10. Severe mental symptoms make the prognosis less favorable for a complete cure.

11. Litigation prolongs and intensifies the disease by suggestion on the part of the physician and auto-suggestion on the part of the patient.—*Jour. Ner. and Men. Dis.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Gonorrhoea and the Prostate.

L. Keyes (*Jour. A. M. A.*, July 16, 1904,) discusses the question of etiologic relationship between early gonorrhœa and enlarged prostate, and concludes that inflammation of the prostate lasting more than ten years tends to produce prostatic atrophy rather than hypertrophy, and that it is "most improbable" that early gonorrhœa is the cause of prostatic hypertrophy.

Clinical Lecture on Importance of Early Removal of Doubtful Tumors of the Breast.

Dr. J. C. Renton, (*British Medical Journal*): The author reports five cases of cancer of the breast, in each of which operation was performed at the first evidence of tumor formation. The time elapsed since operation varied from eighteen to four years; all the patients are perfectly well. The diagnosis of cancer was made by the microscope in each case. The author holds that, in every patient over thirty years of age, where a lump appears in the breast, the sooner that lump, together with the breast and

glands, is removed, the better for the patient. A cyst may be dissected out; if the microscope shows malignancy the whole breast may be removed. It is a very serious matter when a hard swelling in the breast has been discovered to recommend delay in intervention while its progress is observed. In the majority of cases it is better to advise operation than delay.

(The above teaching is correct and would, if generally acted upon, reduce greatly the mortality that now obtains from cancer of the breast.)—Ed.

An Operation for Paronychia, or "Run-Round."

Sinclair Tousey, A. M., M. D., (*Medical News*): It is only in some cases of long standing that it will be found necessary to remove the nail, either in whole or in part. In all fairly recent cases no cutting is required. The author's method of dealing with paronychia follows: The attachment of the cuticle to the dorsal surface of the nail is separated by means of a knife so as to allow the pus to escape. The sulcus is then disinfected with a nitrate of silver stick. The advantages of this method of operating over the ones usually employed are three: (1) The method is absolutely painless; (2) there is not the loss of a single drop of blood; (3) there is no disfigurement from the operation, since there is no cutting.

The Treatment of Abdominal Wounds in War.

C. Roberts, M. B., (*British Medical Journal*): The author's conclusions are as follows: (1) That, as a rule, the conditions in a field hospital are not suitable for performing laparotomy. Moreover, many patients with penetrating abdominal wounds recover without operation, and, in the majority of those who die, the nature of the injury is such that death must result whatever be the conditions of operation, and an exploratory laparotomy may add a fresh danger to the patient. (2) When occasion arises in which the conditions of operation approximate to those in civil practice laparotomy should be undertaken for increasing intraperitoneal haemorrhage endangering life, and when there is evidence that perforation of the stomach or bowel exists, provided that the patient is seen early enough.

Prevention of Old Age.

Metchinkoff regards old age as a pathologic and not a physiologic process and has recently written a book on the prevention of old age. He regards life as a struggle between the "primitive" and the "noble" elements of the organism. This struggle occurs in some chronic diseases, but is more general in old age. The phagocytes are the guardians of the body until a certain age, when they become its enemies and absorb the "noble" elements, leaving in their place connective tissue. He thinks it possible that specific serums may be produced which will enhance the vitality of the "noble" elements and inhibit the activity of the phagocytes. He regards the large intestine as a cesspool, a dangerous legacy from remote ancestors, without which man would be better off. W. Arbuthnot Lane, of London, has recently acted upon this suggestion of doing without the large intestine and in two cases of severe constipation united the ileum with the sigmoid, or rectum. Lane regards the large intestine as more dangerous than useful and thinks that the principle of cutting off from the intestinal canal a large part of the large bowel will have an extended application in the future.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

The Treatment of Hemoptysis.

Francis Hare in the *Australasian Medical Gazette* of February 20, 1904, reminds us that in the last of a series of papers on the mechanism of the paroxysmal neuroses, published in the *Australasian Medical Gazette* for October, 1903, he referred incidentally to the treatment of hemoptjsis by inhalation of amyl nitrite—a method of treatment deduced from the physiological principles of the circulation, systematic and pulmonary. Two illustrative cases were given. In the first, hemoptysis occurred in a man suffering from mitral insufficiency, and was proximately due to cutaneous vaso-construction from chill. The administration of one capsule of amyl nitrite by Dr. C. S. Hawkes terminated the bleeding instantaneously. In the second, two attacks of hemoptysis occurred on the same day in a phthisical subject, and in both the bleeding was instantaneously stopped by the same drug. Manifestly in phthisical hemoptysis there is in operation one of the most highly vicious circles in pathology—a circle which is largely responsible for the profuseness and continuance of the hemorrhage. The intropulmonary irritation of the effused blood causes cough; each act of coughing, like any other sudden exertion, raises the blood-pressure; each rise of blood-pressure is apt to induce fresh hemorrhage; and so on, the circle continuing to revolve in many cases until the loss of blood has been sufficient to reduce the blood-pressure materially, and thus terminate the hemorrhage. This natural cure of hemoptysis was at one period in the history of medicine imitated by physicians who resorted to venesection in this emergency, a somewhat expensive but by no means irrational imitation. The treatment by amyl nitrite is another imitation, less complete than venesection, but much more economical. The vicious circle is broken through at the same point and by similar means, namely, reduction of the general blood-pressure; but the blood is saved instead of being lost; consequently the procedure may be repeated as often as is necessary.

The point at which the vicious circle is broken through is of the greatest importance. Too often, the writer believes, he has yielded to the temptation to smother the cough by a hypodermic injection of morphine. The resulting cessation of cough tends undoubtedly to the cessation of hemorrhage, but the blood already effused is retained, decomposes inevitably, and not rarely induces septic pneumonia, high temperature, and prolonged exhausting illness, which may end fatally. This is the history of so many cases which seemed under open-air treatment on the road to recovery that the author had come to regard hemoptysis as a grave misfortune; but if amyl nitrite proves efficient as a hemostatic, the hemoptysis of phthisis will be largely freed from its subsequent as well as its immediate dangers, for the action of the drug is a safeguard against retention. It is the influx of blood to the ulcerated lung tissue, not the efflux from the air-passages, which is checked, and the uninterrupted continuance of cough assures the rapid evacuation of blood already effused. In none of the writer's cases, so far as could be ascertained, was there any retention of blood; in none of them certainly was there the least subsequent additional rise of temperature or other complication.—*Therapeutic Gazette,* May 15, 1904.

Intratracheal Injections.

Willis S. Anderson, in the *New England Medical Monthly,* May, 1904, advocates the treatment of tubercular affections of the respiratory tract by the use of intratracheal injections. He also applies this method to the treatment of other inflammatory affections.

In experiments upon dogs injected with solutions of some coloring matter dissolved in olive oil and later killed it was found that the parenchyma of the lung was stained.

Clinically he has used guaiacol, camphor, menthol, iodoform, iodine and some of the essential oils as cinnamon, wintergreen, thyme and eucalyptus. The injections may be given every day, or at longer intervals. The amount used may be as much as two drams and the strength of the solutions varies with the drug and case. He reports good results in many cases and in no case did harm result or deleterious effects which could be attributed to the injection.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

The Pupil in "Pink Eye."

The value of a knowledge of pupillary conditions in the various inflammations of the eye should be of great value to the general practitioner who must of necessity depend upon, in a more or less degree, superficial knowledge of eye diseases. The one safe symptom for the general practitioner to be absolutely certain about is the condition of the pupil. If he is going to attempt to treat such a delicate mechanism as a diseased eye by noting the presence of only one symptom, it is infinitely wiser to note carefully the condition of the pupil than to be impressed with the fact that the eye is inflamed or swollen. It should be recalled that the pupil is large and very mobile in early childhood and young adults, whereas it is small and comparatively rigid in elderly people. Therefore, in elderly people a dilated pupil and a red eye should always suggest the possibility of glaucoma and the wisdom of letting atropine severely alone. A contracted pupil responding sluggishly or not at all to light and shade, associated with a red eye, in persons under forty years of age, should always suggest the probability of iritis, and here the administration of atropine is of the utmost importance. A red eye in association with a pupil not contracted or only mildly so, and responding promptly to light and shade, should suggest the likelihood of conjunctivitis. A red eye associated with a sluggish pupil in elderly people might easily lead the inexperienced to mistake iritis for conjunctivitis, but the lachrymation in the former case and the gumming of the lids in the latter should enable him to distinguish between the two.—Dr. Shute, in *Journal of Eye, Ear and Throat Diseases.*

(Differential diagnosis becomes easier if the state of the vision is noted. In conjunctivitis, after the mucus is washed from the cornea, the vision is unimpaired, whereas in iritis the vision is invariably impaired by exudation in the pupil. Pain is

a prominent symptom in iritis, whereas in conjunctivitis it is not a prominent symptom. Conjunctivitis usually affects both eyes, whereas iritis usually affects only one eye.—Ed.)

Photographing the Back Ground of the Eye.

Dr. Walter Thorner, of the University Eye Clinic at the Royal Charite in Berlin, has devised an apparatus by means of which it has become possible to photograph the background of the eye and obtain good pictures of the same. Dr. Thorner has succeeded in getting pictures of the background of the eye in animals, particularly cats, but as the interior of the human eye is much darker than that of most animals (and particularly that of the cat), it requires many improvements to take good photographs of the interior of human eyes. With a mild light of a kerosene lamp the eye is first so focused that its back yields a clear image on the photographic plate, a telescope-like focusing glass forming a part of the apparatus being used for this purpose. The focusing having been accurately done and the plate put in, the camera itself is opened by pressure on a special lever, and a flash-light composition ignited by an electric spark generated in a battery. Thereby the background of the eye is lighted up sufficiently for a moment to produce a good image on the plate. Still, the pictures thus obtained are somewhat underexposed, and require special care in developing to obtain the best results. A large number of such photographs of diseased and healthy eyes have been reproduced by Dr. Thorner in his recent book, equally interesting to the profession as well as laymen, entitled, "The Theory of the Ophthalmoscope and the Photography of the Back of the Eye," published by August Hirschwald, Berlin. Oculists will now be enabled to watch the progress of eye diseases or disorders step by step. The apparatus also permits of taking a picture of any separate parts of the interior of the eye.—*Scientific American.*

BOOK REVIEWS

International Clinics, a Quarterly of Illustrated clinical Lectures and Especially Prepared Original Articles, on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Opthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A. Volume II, Fourteenth Series, 1904. Philadelphia. J. B. Lippincott Company.

Of the 309 pages of text in this volume, 249 are given to internal medicine, or at least to consideration of subjects that are of especial interest to internists. One hundred and twenty-eight pages are devoted to diseases of warm climates, which diseases are of greater interest to physicians of the United States now that we have tropical possessions and are soon to commence the Panama canal. There are six articles on surgical subjects, including one on nasal obstruction. All of the articles are up to the usual standard, the illustrations are good and all in all the volume is a valuable one.

M. F. P.

Manual of Materia Medica and Pharmacy.—F. Stanton Muir, Ph. G., V. M. D., Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third Edition. F. A. Davis, Philadelphia, Publishers.

This book is exactly what its name implies. It contains no reference to the physiological action of drugs, being devoted solely to a description of the drugs used in medicine. The different drugs are taken up alphabetically and the book is interleaved for class-room annotations.

It should be of help to students of medicine or pharmacy.

B. Van S.

The Mother's Manual.—By Dr. Emelyn L. Coolidge. A. S. Barnes & Co., New York, Publishers.

This little volume, written for mothers solely, is in accord with the medical thought of the times. It takes up the care and feeding of the infant from birth to late childhood and can be recommended as a safe guide.

B. Van S.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV SEPTEMBER 1904 No. 9

EDITORIALS

Value of Big Game.

Under the above caption the editor of the *California State Journal of Medicine,* in the August number, speaking of the medical law in California and its enforcement, says:

"Recently the issue has been raised by reason of the arrest and prosecution, by the Board of Medical Examiners, of a most estimable gentleman who was doing some clinical work in San Francisco, and, as was subsequently shown by his conviction, was really practicing medicine. Dr. A. Schmoll was to have read a paper before the San Francisco County Society, but when the status of the case was made known, the paper was withdrawn. Dr. Schmoll is unquestionably a very able man, and the issue was a purely technical one. But the law is the law, and to go after the small fry and leave undisturbed the man of attainments who is just as clearly in violation of the law, would be to make fish of one class and game of another; obviously unjust. An east-

ern medical journal has seen fit to comment adversely on this action by the Board of Examiners, and letters of criticism have been written to the *Journal* on the same subject. In the present case the verdict was a purely technical one—guilty as charged—and no fine was imposed by the court; nor was any fine asked by the prosecution. Cannot the critics of such action see that to secure a conviction in a case like that under discussion is a most valuable precedent? The court records now show that discrimination is eliminated from the case when the medical practice law is in question; that the reputation or professional standing of a man is of no weight in the trial of one fact—*Has this man a license to practice medicine or has he not?* Small fry and big game are alike before the law, and we have shown that such is the case. The precedent cannot be undervalued, for as time goes by it will be again and again recalled that friends, professional standing, reputation, ability, scientific attainments nor anything else can be permitted to influence or modify the question at issue—*Has this man who is practicing medicine in California secured a license to do so?* There can be no question of persecution, so often urged in the trial of illegal practitioners, when it is a matter of record that all are treated alike; that there is no class especially favored by the law. Therefore, with due regard and respect for our critics, we must congratulate the board on its action, and the court upon its decision; the law has been maintained.

"(NOTE—Since the foregoing editorial was written and put into type, a singular and most untoward thing has occurred. A great deal of pressure an 'influence' was brought to bear, the case against Dr. Schmoll was reopened, and he was discharged on the ground that his professional services had been given gratuitously. The actual question at issue—whether the doctor was practicing without a license—was ignored. For medical men to aid in even technically setting aside the wise provisions of the law is a serious mistake, and soon or late those who are largely responsible for such a result, in the present case, will see the harm they have done, and will regret it.)"

We confess that we think the first decision of the Board of Examiners is deserving of criticism. The argument used above in extenuation of the board's action is decidedly sophistical.

If "reputation, ability nor anything else can be permitted to influence or modify the question at issue" then we submit that

this "question" stands by itself. The decision of all questions should be arrived at by the use of wise judgment and common sense and to allow "nothing" to influence a decision upon a question such as this is silly.

What was the law passed for? To protect the doctors of California and assist them in creating a sort of monopoly? No. The chief object of the law is to protect the people from ignorant and dishonest fellows calling themselves doctors.

Were any of these people about to suffer from an infringement of the law at the hands of Dr. Schmoll? Evidently not, according to the editor of the *Journal,* for he says Dr. Schmoll "is unquestionably a very able man" and "a most estimable gentleman." Unless some member or members of the community had suffered or were about to suffer at the hands of Dr. Schmoll then there was no cause for action. Instead of viewing the "precedent" as a "valuable one" on the ground that it shows that "discrimination is eliminated," we consider it a dangerous and foolish one because discrimination was eliminated by the court in making it.

The Board of Examiners was created for the express purpose of discriminating between the competent and the incompetent, the ignorant and able applicants for license.

What better assurance could be given that Dr. Schmoll was both able and honest than the fact that he was asked by the San Francisco County Medical Society, whose members are themselves licensed practitioners, to read a paper and conduct a clinic for their benefit?

What was the object the members of the San Francisco County Society had in view when they invited Dr. Schmoll to read a paper and conduct a clinic before them? Was it not increase of professional knowledge? Who would reap the benefit of this increased knowledge? The answer is so self-evident that it seems unnecessary to give it—the people. Did the people intend to enact a law which might rob them of benefits which might, without that law, have been theirs to enjoy? If they did intend to do this then they should be thankful that the court by its decision on the reconsideration of the case delivered them from themselves.

For the honor of the profession in general and the California contingent in particular it is well that there were among its members those possessed of sufficient wisdom and courage to have

the case reopened and judged upon its merits, which is to say in the best interests of the profession and those who look to them for relief from suffering and disease. Law should be interpreted with wisdom and discrimination, with the best interest of the community ever in view. M. F. P.

The Antagonism of Alcohol and Strychnine.

In an article upon this subject in *Merck's Archives* for July, Dr. J. M. French says that few practitioners recognize that there is an antagonism between alcohol and strychnine. Few remedies are more frequently prescribed in combination to meet a single indication or in alternation to combat the same diseased condition than strychnine and some form of alcohol. In pneumonia, in typhoid fever, in diphtheria, it matters little what the disease may be, if the patient is exhausted, if the heart is overtaxed, if the respiratory centers are unduly burdened, if the fever runs high, or if the vital forces are sinking and heart failure and collapse are threatening, the favorite prescription of most physicians is strychnine and whiskey. The wellnigh universal assumption seems to be that both these agents are stimulants, that each adds to the effect of the other, and hence both aid in securing the desired result. A consideration of the actions and effects of the two drugs both separately and combined will bring one to the conclusion that they are contrary in their action and opposed to each other in the effects which they produce. In simple or moderate doses we find that while strychnine increases both the acuteness and the range of vision, alcohol decreases both, and also lessens the acuteness and accuracy of color perception. Strychnine adds to the sensitiveness of the hearing; alcohol lessens it, and renders certain keys inaudible or indistinguishable. Strychnine renders the sense of smell abnormally acute; alcohol lessens the ability to distinguish odors, and causes many abnormalities of smell. Strychnine increases the acuteness of the sense of touch and also muscular resistance. Alcohol makes the touch defective, lessens the ability to distinguish heat and cold, rough, and smooth surfaces, increases the distance at which it is possible to distinguish between one point and more than one, and lessens the delicacy of the power to estimate weights. The taste is affected in a similar manner, bitter and acids being more

prominent after the use of strychnine, and less easily distinguished after alcohol. The muscular sense is also increased by strychnine and notably lessened by alcohol. Therefore, the effect of moderate doses of strychnine is to stimulate, strengthen, and vitalize each organ and faculty, while that of alcohol is to cut loose from restraint and to paralyze each and every one. If toxic doses are employed the final result is the same in each case, only obtained by a different path. The most important of the drugs employed for chronic alcoholism is strychnine. It is the most powerful nerve tonic known to the medical profession. It acts upon the nervous system, but with a special tendency to the spinal nerves, and the cardiac, respiratory and vaso-motor centers. It not only renders the mind more clear and active, but even seems to strengthen the will power. It increases intestinal peristalsis and aids in elimination. Its basic action, therefore, is almost exactly antagonistic to that of alcohol. In most of the sanitariums for the treatment of alcoholism strychnine is the one drug relied upon most often to do away with the terrible craving for alcohol and tone up all the functions of the body. Concluding the article Dr. French says that the keynote of strychnine is stimulation, and that of alcohol paralysis. That the two are in their main therapeutic effects directly opposed, and that their conjoint use is an absurdity. Whatever virtues alcohol possesses (and it certainly has some valuable ones), do not come from any effect as a stimulant, and whatever benefits may result from strychnine are not observed when it is used as an adjuvant of alcohol.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*The Faucial Tonsils; Their Use and Abuse.**

BY

JOHN NORTH, A. M., M. D., PH. C., F. S. SC., LOND.

Toledo, Ohio.

In speaking of the faucial tonsil, Lennox Brown says: "Of the primary value of these glands there is considerable doubt, but it is certain that at a very early age, and in the great majority of instances, they exist only to become diseased, so much so that a very eminent physician has stated that were he to play the part of a Frankenstein and endeavor to create a man, he would omit the tonsils."

The term tonsil is applied to the collection of so-called lymphoid tissue known as the faucial tonsil.

The tonsils are situated on each side of the fauces, between the anterior and posterior pillars of the soft palate. Gray says: "They are of a rounded form, and vary considerably in size in different individuals." He does not give their size. Holden says: "The tonsil consists of an aggregation of muciparious glands." No mention is made of their size. Ellis and Ford say: "This body (the tonsil) is an aggregation of ten or twenty follicular glands, like those over the root of the tongue, and it occupies the interval between the arches of the palate. Its size varies much. Its situation is marked by the presence of small holes in the mucous membrane, without any surface prominence; but when enlarged from disease it projects, diminishing thus the size of the isthmus of the fauces." Ranney says: "The tonsils are small bodies situated between the anterior and posterior pillars of the fauces upon either side." Delavan in Satterthwaite says: "The tonsil consists essentially of a reduplication, more or less extensive, of the oral mucous membrane, containing in its folds an abundance of the so-called adenoid tissue." Mackenzie says that the tonsils are generally about as large as a hazel nut. and "can be just seen when the mouth is wide open, projecting

*Read before the Northern Tri-State Medical Association, Adrian, Michigan, July 26, 1904.

into the isthmus faucium." Sajous says: "Each tonsil is about nine lines long and six lines wide, and its thickness is usually so limited in the normal condition as to render its examination very difficult." Rumboldt says: "If they are in a healthy condition they do not project within sight; if they are in sight, then they are in a more or less diseased condition."

Drs. Bosworth, Woolen and others claim that normally there are no tonsils—that the enlargements we call tonsils are in reality abnormal conditions.

Dr. Roe says that this in the main is true. Normally the collection of glands at these points are not noticeable on inspection of the throat, and therefore no tonsil appears to exist.

Every rhino-laryngologist knows that more than 50 per cent. of all the throats he looks into have no tonsils, as we understand the word tonsil, referring to a protruding gland occupying the space between the anterior and posterior pillars. If we were to look into the throats of a large number of people, men, women and children, we would be surprised at the small number of tonsils that we can see, and when we do find them we find them associated with chronic naso-pharyngeal troubles, and not with a healthy naso-pharynx.

Now let us inquire and examine into what we do find between the anterior and posterior pillars of the soft palate. Gray, without saying anything about their size or thickness, says: "Its inner surface presents from twelve to fifteen orifices, leading into small recesses, from which numerous follicles branch out into the substance of the gland. These follicles are lined by a continuation of the mucous membrane of the pharynx, covered with epithelium, their walls being formed by a layer of closed capsules imbedded in the submucous tissue. These capsules are analogous to those of Peyer's glands; they contain a thick, grayish secretion." In another place Gray says: "Peyer's glands may be regarded as aggregations of solitary glands." He also describes solitary glands as "small, round, whitish bodies, from half a line to a line in diameter, consisting of a closed saccular cavity, having no excretory duct, and contains an opaque white secretion. Their free surface is covered with villi, and each gland is surrounded by openings like those of the follicles of Lieberkiihn. Their use is not known." Again: "The simple follicles or crypts of Lieberkiihn consist of minute tubular depressions of the mucous

membranes, arranged perpendicularly to the surface, upon which they open by small circular apertures." If the capsules of the tonsils are analogous to those of Peyer's glands we would expect to find them of the same size in all cases in health, as we find no variations in size in Peyer's glands, except in disease.

Ellis and Ford say: "In its structure it resembles the follicular glands. In the bottom of the holes or depressions on the surface of the mucous membrane are small apertures leading into recesses or follicles; these recesses are lined by mucous membrane, and are set around with closed capsules filled with a grayish fluid and contain cells, and bodies like free nuclei. The capsules do not appear to have any apertures."

Delavan in Satterthwaite's Histology says: "The minute structure of the adenoid tissue of the tonsil does not differ from that of other follicular glands (those of the intestines, etc.)"

In the healthy condition the space between the anterior and posterior pillars is an inverted trough; if we place our fingers in it without applying pressure we feel a smooth surface, but if we apply a little pressure we find a thickened condition of the mucous membrane. If we produce a contraction of the superior constrictor muscle as in gagging, we find the muscle pressing out this thickened membrane, and we feel and see a projection filling up the space between the pillars. Now the question arises, what does this thickened condition of the mucous membrane consist of? I will not take up your time with the anatomy and histology of mucous membrane, as you are all familiar with it. Mucous membrane is described as composed of three layers:

First. A superficial layer, composed of epithelial cells.

Second. The mucous proper, a layer composed of white fibrous and yellow connective elastic tissue, embracing within their meshes blood vessels, smooth muscular fibers, different varieties of small glands, and presenting minute processes or villi.

Third. An external layer of loose connective tissue, the submucous cellular tissue.

As to the function of the epithelial cells, I can do no better than to quote Bosworth: "We find the mucous membrane covered with epithelial cells of various character and arranged in various ways, according to the locality and special function which it subserves: the object of the epithelial cells being merely the secretion of mucus. In these tissues we may regard each indi-

vidual cell as a typical gland, displayed over the surface of the mucous membrane, whose object is to keep the membrane softened and moistened. In fact, nature endows the membrane in this manner with its own lubricating apparatus. It is found, however, that epithelial cells simply displayed in layers on an unbroken surface are unequal to the demand. In other words, distributed in this manner, they are not equal to supplying a sufficient quantity of mucous for lubricating the passage. To remedy this deficiency, nature resorts to a very simple device for extending the secreting surface. This consists in folding the membrane upon itself, as it were, or in other words, bending it down into the tissues and back again, to form a small flask-like cavity, which is called a follicular gland. In other cases, instead of forming a straight fold, the pouch-like cavity of the simple follicle is folded on itself a number of times, forming a group of small flask-like pouches, as it were, which uniting, open upon the surface by a single orifice, thus constituting what is known as a racemose gland. The arrangement of glands and follicles in the mucous membrane, therefore, I take it, are for the purpose of enlarging the surface over which the epithelial cells may be distributed, and therefore increasing the secreting power of the membrane, in order that its surface shall be constantly supplied with an abundant quantity of mucus, the normal lubricant of the membrane."

In what is known as the faucial tonsil we have reduplications of the mucous membrane, making from twelve to sixteen or even twenty of these follicles, the orifices giving us the crypts of the tonsil. This aggregation of twelve to sixteen follicles is what we call the tonsil. Is it a gland or a collection of glands?

The principal function of this aggregation of follicles in this inverted pouch between the anterior and posterior pillars of the soft palate is to lubricate the bolus of food in its passage to the stomach. In the act of deglutition the contraction of the superior constrictor and palato-glossus muscles presses upon the tonsil, and forces out the accumulated mucus from its numerous follicles.

Other functions are attributed to the tonsil in addition to that as a lubricator of food. Almost every one has a favorite theory in regard to the function of the tonsils. Some of them are hardly entitled to the dignity of a theory, but are merely hypotheses. Some of the theories should receive some attention. One strongly advocated by Dr. Rice is that the tonsil was a blood

elaborating organ. This can hardly be borne out by the facts when we more thoroughly examine the case.

I have never met with a case of enlarged tonsils in which the patient was not better physically after their removal. In cases where the tonsil is normal in size—that is, does not fill up the space between the pillars—and in cases where they have been removed, we do not find deficient elaboration of blood, but the reverse is usually the case.

Others claim that the tonsil is a "leucocyte manufactory," and that on this account the tonsils act as sentinels, or as it has been expressed, act as guard houses and send out squads of sanitary police, in the form of phagocytes, that stand guard at the entrance of the follicles to catch and destroy any germ that might attempt to enter the tonsil, or even pass through the isthmus of the fauces. It may be true that the germs of disease may be destroyed when they lodge upon the surface of the normal tonsils, but when we have any enlargement of them, we find the orifice of the follicles wide open, and the germs enter and find an excellent media for development. It is a very nice theory, and one that seems to please the public. They have vivid pictures drawn in their minds of the phagocytes setting upon tonsils, ready to destroy any and all germs that attempt to enter the system through the mouth. The public are not alone in this, but even some physicians share the same opinion, and think that the tonsils are placed in the fauces for some use, and the larger they are the more capable they are of performing their functions, and that they should never be disturbed until they reach such size as to interfere with respiration, and then recommend that a little of the surface be clipped, but that care be taken not to remove too much, as it would interfere with their proper function—which is true in enlarged tonsils, to a certain extent, for they would lose their function as germ and poison absorbers, which seems to be about the only function that enlarged tonsils possess.

In prehistoric times, and in some of the savage tribes at present, that depend upon dry nuts and roots for food, something was required to lubricate the bolus of food. But with our modern cooks and method of preparing food, a lubricant is not necessary.

Time will not permit me to take up and consider all the theories that have been advanced in regard to the physiological

function of the tonsils. Most of them are only theories, and a theory at best is only scientific guessing.

The contents of the crypts or follicles of the tonsils when in a healthy condition consists of mucus with exfoliated epithelial cells. It is a question whether anything else is found. Cultures made from their contents do not show the presence of any micro-organism. When there is enlargement of the tonsils the follicles become larger, and are filled with a yellowish substance composed of fat-molecules, detached pavement-epithelium, lymph-corpuscles, small molecular granules, and cholesterin-crystals, which probably proceed from retained and decomposed epithelial matter, and perhaps from the bursting of the capsules, which have undergone retrograde metamorphosis and fatty degeneration. Cultures from their contents show a large number of micrococci.

An enlarged tonsil is not an hypertrophy, but an hyperplastic condition dependent upon the formation of new tissue. When a tonsil becomes enlarged or thickened, so that it can be observed, or feels thicker to the touch than would be produced by the reduplication or aggregation of a number of simple and compound mucous follicles, then we have an abnormal product, a tumor to deal with.

Enlarged tonsils appear to be congenital in some cases, yet I doubt if it is ever found in the new-born child. It is often met with in the first months of life.

Enlarged tonsils are prone to decrease in size after thirty years of age, yet some of the most troublesome cases I have ever met with have been in persons past thirty.

Enlarged tonsils are divided into (a) the hard or fibrous, and (b) soft or lymphoid.

For a convenience of clinical study from a therapeutical standpoint we divide enlarged tonsils into three groups.

First. Those which are decidedly increased in volume, so as to interfere with deglutition and with respiration.

Second. (Flat diffused) tonsils, which in their average condition project into the fauces but slightly, which become prominent during the act of retching. They are often associated with a rheumatic tendency or diathesis.

Third. A third class of tonsils may encroach upon the pharyngeal space and not appear beyond the full margin of the half-arch, for the reason that in consequence of repeated at-

tacks of inflammation the anterior pillars have become firmly adherent. In process of enlargement the tonsil carries with it the palato-glassal fold, which may be much thicker than normal, or may be spread out over the surface of the tonsil in this layer of mucous membrane.

As an enlarged tonsil is a pathological product, it cannot perform its physiological function. A tumor in the fauces interferes with the proper functions of the throat and fauces.

Some children are affected with enlarged tonsils from birth. Children with enlarged tonsils are usually impaired in health. The functions of digestion, respiration, vocalization and nutrition are interfered with. The child presents that peculiar stupid countenance so often observed in enlarged tonsils, with open mouth, drooping eyelids, dull expression, thick voice, and the profound impress of constitutional impairment, as well as intellectual dullness.

Dr. Bosworth says: "While we occasionally meet with children with enlarged tonsils who enjoy apparently perfect health, yet I think it is the rule that the presence of these bodies in the fauces gives rise to a more or less notable impairment of the general health."

In order to determine the relations of the enlarged tonsils in children to their general physical development, Dr. Upsenski examined a number of children between the ages of 10 and 14. He found fifty-two cases in which enlargement had taken place. Of these twenty were deficient as to height, weight, and circumference of the chest for their respective ages; a few were myopic; thirty-seven lacked acuteness of hearing; most of them were anaemic, with weak and hoarse voice. Breathing through the nose was difficult, and in most cases obstructed. With the tonsillar enlargement there was also granular or trophic pharyngitis in almost every case, and in many there was swelling of the glands of the cervical and submaxillary region.

Dr. Erwin reports a case of epistaxis occurring in a child with enlarged tonsils. Treatment was of no avail till the tonsils were removed, when the epistaxis ceased. He thought that the hemorrhage was due to continuous pressure upon the veins of the neck, producing chronic enlargement above.

Dr. Weirs relates the case of a boy twelve years of age, who had suflered from vertigo for three years. The attacks were in-

duced by stooping, and were sometimes accompanied with vomiting. Nothing abnormal could be discovered in any of the organs, except enlargement of both tonsils. As pressure upon the carotids and vagi might account for the vertigo, in the absence of any other apparent cause, both tonsils were amputated; the attacks at once ceased.

Dr. Stucky says: "Of all the diseases of the upper air-passages I know of none more conducive to the production of serious after-effects than tonsillar hypertrophy."

A child nine years of age was brought to my office. He was small, puny and anaemic; he had never been able to swallow solid food, could not articulate well, and had always been a poor sleeper. Both tonsils were very much enlarged. After the removal of both tonsils with the tonsillotome, he could eat any kind of food, sleep sound, is gaining in flesh, and his speech is much improved. We find people who frequently have attacks of quinsy always are troubled with enlarged or diseased tonsils. In some of these cases the tonsil is only moderately enlarged, not large enough to interfere with either deglutition, respiration or vocalization, but it is found to be adherent to the pillars of the fauces; the follicles are diseased and easily take on inflammatory action. These cases cannot be relieved of their periodical attacks by local or constitutional treatment alone. After the removal of these tonsils the patient has no more attacks of quinsy, and is not subject to ordinary tonsilitis.

In other cases, if examined during the summer months, we find only moderately enlarged tonsils, without other evidence of disease. As winter approaches, these tonsils become inflamed and remain so during the entire winter, sometimes better, sometimes worse. Local treatment only relieves these cases, does not cure them. After the removal of these tonsils the patient has no further trouble during the winter months.

In still another class of cases we find the remnant of tonsils that have been shrunk by caustics, in which we find a stump left. This stump is often a source of a great amount of trouble. It is usually red and inflamed, with rough and irregular surface. These patients have some disease of the tonsil most of the time. Upon the least exposure, inflammation sets up. In singers, they are a great source of trouble, the voice never being clear and free. The caustics used only destroying a portion of the follicles,

causes a contraction or closure of the orifices of the remaining portion of the follicles. The accumulation of the secretions within them not finding ready exit, undergoes calcarious degeneration and causes inflammation, and suppuration. The only relief is in the removal of all the stump and cicatricial tissue. If any is allowed to remain, trouble is liable to occur. Dr. Wright has made a number of cultures from the contents of the crypts of the tonsils, and when they were at all enlarged, he found there constantly the staphylococcus aureus or albus. The contents of the crypts of normal tonsils did not reveal the presence of any micro-organisms.

In the normal condition of the fauces, the pillars are nearly parallel with each other, the space between them being an inverted trough; this space, with the more or less tense or relaxed condition of the pillars during vocalization, has a great deal to do with the formation of certain vocal sounds. When this inverted trough is filled up with an enlarged tonsil, the pillars are held apart in their middle by this large mass of unyielding substance, interfering with their tension. The space between them can no longer act as a resonant chamber. In this condition the voice is lower or muffled in singing or speaking. The higher register and full capacity of the voice cannot be reached till after the removal of the enlarged tonsil.

A great many vocal singing teachers, who ought to know better, claim that the removal of the tonsils injures the voice; this cannot be so, as the removal of these obstructing masses simply bring back the vocal apparatus to its normal condition. Every laryngologist knows that the voice is improved by the removal of enlarged tonsils. Cases are reported in which impairment of the voice has followed a bunglesome operation of cutting out the tonsils, but it did not arise from the removal of the tonsil, but from injuring and cutting the pillars or surrounding parts. If the pillars are cut there may be a permanent injury to the voice. An accident occurring at the hands of a bungling operator should not condemn necessary operation when performed by a skillful surgeon.

Lenox Browne and Emil Behnke, in their excellent work on "Voice, Song and Speech," the first an eminent laryngologist, the second well known as a vocal teacher, in speaking of the ill effects of enlarged tonsils in addition to their bad effects on respiration,

hearing, smell and taste, says that "the voice becomes more or less husky, toneless and easily fatigued. Sometimes it is thick and gutteral, and power of modification is always rendered difficult." Again they say: "Unfortunately there is a prejudice, very illy founded and unsupported by any authority, against the radical cure by removal of enlarged tonsils by the guillotine, but in fact it is the least painful (it might be said that it is almost painless), quickest and safest, and in every respect the most effectual. There is no argument whatever of any scientific value to be advanced against the measure, and there is the very direct evidence in its favor of many of our great singers. Louisa Pyne, Patti, Lucca (Kellogg) and others have undergone the operation, not only without injury, but with actual benefits. Our observations are in entire accord with those of Mandl, 'that while all applications of caustics, so frequently employed, are harmful rather than serviceable, excision of enlarged tonsils is the most sure means of cure, and is followed by no inconvenience to the voice, but is, on the contrary, always beneficial to it. One need not, therefore, give heed to the opposition to this operation which comes from those competent to give an opinion on the question, and is, to say the least of it, very doubtful."

517 Madison Avenue.

"The Role of Chemical Pathology in Relation to the General Practice of Medicine." *

BY

A. P. BUCHMAN, A. M., M. D.,
Fort Wayne, Ind.

The critical observer of passing events in medicine has not failed to read and correctly interpret the fact that a new epoch is in our immediate presence. Chemistry and physiology are the sciences that are awakening a line of thought and investigation which will, we believe, ultimately lead to a rational basis for applied therapeutics. We are now rapidly passing through a transition stage—a formative period, in which facts are emerging from their isolation and are being synthsized into working hypotheses. It is the logic of which has been dug out of the hidden recesses of nature's laboratory, by an army of patient and pains-

*Read before the Northern Tri-State Medical Association, at Adrian, Michigan, July 26, 1904.

taking scientific investigators that now looms up in our immediate future.

Opie has interrogated the pancreas; first, by synthesizing the work of all previous investigations, then adding to this a long and serious study of the organ, both in health and disease, on his own account, and now has lifted the veil which in all previous time has hidden from view the pathology of diabetes millitus. When the Islands of Langerhans, * * almost indistinguishable cell groupings of the pancreas, are invaded by any form of destructive pathology, we find ourselves confronted with a form of glycosuria that bodes much evil to the patient. To differentiate this form of glycosuria from that which arises from an hepatic infraction, or, from only an alimentary wrong, is to be in possession of certain well arranged knowledge and the acuteness necessary to make a practical application of such knowledge. Or, to differentiate either of the foregoing from a taumatism of the floor of the fourth ventrical, is the work of the practical physician. Any one or more of the conditions leading to sugar in the urine may, in the hands of a rational and painstaking physician, be regarded as curable conditions, or if not curable, then to put the patient in such environments as to have him make the best of the pathological condition, *i. e.*, arrange for him a pathologic physiology that will enable him to live a modified life which will last maybe for years. The point that I want to particularly emphasize is, that incurable conditions are often amenable to such modification as to make life not only tolerable, but, in fact, actually so full of commercial activity as to call absolutely no attention from the casual observer.

From rather recent investigations we are led to believe that certain hereditary diseases (mental) are, in reality, chemical diseases caused by poisons that are formed in the body, and that they exert their influence just as intoxicants do, as for instance, alcohol, or hashish, which, having a temporary residence, produce temporary exascerbations; the bodily poisons being continuously formed have a fixed effect, resulting in insanity, often lasting out the balance of the patient's life tenure. The delirium of fever as well as certain other mental diseases may owe their origin to poisons that are formed in the body. The low, muttering delirium of typhoid may be ascribed to a poison resembling belladonna, while the comatose state may have for its basis a poison re-

sembling opium. It is not impossible that the formation of these poisons is a constant factor in ordinary metabolic processes; it is only necessary that they be formed in somewhat larger quantities or destroyed in somewhat smaller quantities in the body of the insane, or the sick person, than in the normal body.

It is not all necessary that these hypothetical poisons be formed in the central nervous system—they may be formed in any organ of the body. It is only necessary that they effect the central nervous system; in other words, that they be nerve poisons.

A forcible illustration of this proposition can be had by interrogating the function of the thyroid gland. Baumann found that the thyroid gland contains an element that is contained in no other gland or organ in the body, viz., iodine, or perhaps better to call it thyro-dine, an organic iodine compound. Destruction of the the thyroid gland, in children, results in idiocy, in physical and mental degeneration. When the result is not so pronounced, we find retarded growth and development. In many instances, a cure can be brought about by feeding these patients with the thyroid substance of animals; in others, a most satisfactory amelioration of the condtion is the result of feeding the thyroid substance.

This now leads to an inquiry as to the possible chemical role played by the thyrodine—being a constituent of the product of a gland, which has no outlet except as its secretion is immediately returned to the blood stream—a so-called internal secretion, we are led to the conclusion that the probable effect is to stimulate other organs, whose function is to render secretions that immediately control the nutrition of the nervous system. This argument, if carried to its legitimate conclusion, would lead us to an analysis of the internal secretions as a whole—a fruitful field, I fancy, for future investigation, wherein it is possible to illucidate the whole subject of tissue respiration. It is just here, too, that in my opinion, we will have to look for the initial departure from normal physiology—the possible retention of cell waste in the form of carbod dioxide, leading up to partial cell paralysis, as to functions, thus laying the foundation for deflections that will have deep significance.

Prof. Chittenden, the experimental physiologist of Yale College, announced some several years ago that more than 40 per cent. of uric acid, when at all in abnormal quantities, was not the product of ordinary metabolism, but was the product of unused

foods. A further study of the origin of uric acid has finally brought a negative answer to the view held by Leibig, Wholer and Frerichs, *i. e.,* that it is a product of albuminoid decomposition and a preliminary process to the product of urea. Beneck, in 1874, showed that the greater part of urea eliminated did not originate from oxidized uric acid. Other investigators of later date have fully demonstrated that the oxaluric bases are derived from the nucleins of which the body cells, and particularly leucocytes, are the source, and from certain articles of food. It is to the oxaluric bases that we have to look for the source of toxic elements. Xanthin, hypoxanthin, adenin and gaunin are the violent toxic agents that are at the foundation of gouty and renal lesions. The rapid oxidation of these substances ending in uric acid is wherein bodily safety is attained. It follows, therefore, that we must look upon an excess of uric acid as an effort upon the part of the body to eliminate the oxaluric bases, thus giving us an exhibition of the way nature cures. This reaction is now said to occur in the blood, instead of in the kidneys, as taught by Haig. These substances are the products of worn out nuclei that have served their purpose in elaborating blood corpuscles, both red and white, and other sellular elements; their effects are those of powerful alkaloids.

Following this subject closely is that of leucocytogenesis and the biochemical function of the leueutuytes. It would be much like carrying coals to Newcastle, to go into a description of the various classes of leucocytes, but their genesis is of much interest, and if time permitted, would like to go enough into the subject as an introduction to the present interpretation of the way in which bacteria cause disease.

It is no longer held that bacteria cause disease independently of the toxins; the chemical substances they elaborate. All diseases distinctly traceable to bacteria are attended with intoxication. It is, therefore, to the life and death history of these organisms that we must look for their pernicious effects. The products evolved during their life tenure are mainly, if not wholly, exerementae; they live on the material immediately in their environmnts, and at times they have predelictions for especial structurs; hence, in some cases, as for instance in diphtheria, they invade given localities and in their life cycle evacuate their contents into the space immediately about them. Following this so-called

period of incubation we find general systemic intoxication, which if attacked early enough, can be absolutely nutralized with anti-toxin. But now comes the question as to how the anti-toxin accomplishes its work. It is not enough to just know that it does cure the patient—the inquiring mind will ask how, and will not be satisfied with a negative answer, until every possible avenue of information is exhausted. The answer to this proposition lies in the possibility of the blood serum of the horse having had a something added to it that was insufficient in the blood stream of the patient, a veritable anti-toxin that is at all times a component of the organism, this agent being possibly trypsin. To follow this idea to its legitimate ending would take up entirely too much time. It will be sufficient when I say that the trypsin is taken into the digestive vacuole of certain leukocytes, and here is where the toxin first meets its foe.

All that I have said so far will be sufficient to show the present trend in the medical practice of the immediate future. The general practitioner is confronted with problems of deeper significance than ever before in the history of written medicine. Applied therapeutics is taking on an enormous range. The forces acting in and through the human organism are knocking at the door of investigation for recogntion. The ion, the thing that has displaced the hypothetical atom, is awakening inquiry; physical chemistry is positively demonstrating the fact that atoms do not act simply as masses of matter, but that they are accompanied with or carry certain charges of electricity. These electrical accompaniments are the ions; they determine the relation of the atoms to each other—that is, as to their being in positive or negative relation to one another; such relation shall determine the integrity of the normal physiologic action of an organ or tissue. It is probably most essential as to nerve structures and function, and too, so that the nerves may have their proper relation to the skin and the central tremini. The charge is the electron, or perhaps better stated as the nerve circulation. This charge is made up of ions upon the same principle that a molecule is built up out of atoms, except that an electric ion and a physical atom may occupy the same space at the same time.

The physics and chemistry of matter in its most attenuated forms is the point at which we must meet the boundary line separating normal from abnormal structures. Until the de-

flection becomes gross enough to be somewhat easily observed we are, or rather have been in the past, content with diagnosing a functional disturbance only. But I submit the statement that logically there must first be present an anatomic change, and that such change depends upon the atomic and ionic relations being put out of time and place.

This is the fundamental work in chemical pathology, the goal towards which we are rapidly moving, and the principles of medicine which will demand recognition at the hands of the general practitioner.

Thus it follows, that while it is absolutely impossible for the general practitioner to be a finished laboratorian, he must be sufficiently educated in the role of chemistry so that he can read a chemical formula at sight and appreciate its value. He must know how to differentiate between the work of a bacteriophobist and a bacteriologist—between a fact in chemical pathology fully worked out, and one in the theoretic stage of development. And over and above all this, he must not permit the laboratory worker, the research man, to formulate for him the modes of application in practice of the facts constantly emerging from the laboratories and research institutions. Upon these facts he will have to base a theory of therapeutic application, wholly independent of the opinion of the laboratory worker.

This view, however, must be held tentaviley only. As soon as pharmacology shall have entered upon its legitimate field of work, *i. e.,* when it shall be supplemented by an experimental therapeutics in the mutual interests of both the experimenter and the practical physician, we, as general practitioners, will be in position to deepen our knowledge of the reaction of the organism to chemical agencies, and, at the same time, our knowledge of the organism itself.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

MEETING OF JUNE 21.—The mid-summer meeting, the last before adjournment for the hot months of July and August, was held in the pavilion at Robison Park, President Morgan in the chair. Attendance forty, including members and guests. Minutes of previous meeting read and approved.

Dr. J. C. Wallace reported a case of "Sepsis Due to Retention of Pus in the Antrum of Highmore." Patient complained of suffering for some time with a cold in the head and pain of a neuralgic character on the right side of the face and head. Temperature 100 to 102. More or less constant discharge from the right nostril, muco-purulent in character. Tenderness over the antrum. Cleansing the nose with warm alkaline solutions relieved the patient to a great extent and facilitated drainage. With discontinuance of the cleansing the pain returned. Phenacetin, caffene cit. and quinine was also given to assist in producing relief.

In discussing the case Dr. Drayer said that he thought the condition was one requiring drainage, and that if there was a proper escape of the pus from the antrum by the natural channel, and the condition had not assumed too chronic a character, permanent relief would eventually result from the treatment employed. If the local treatment advocated did not produce permanent cessation of the discharge, then the antrum should be opened and an exploration made to determine the presence of diseased bone, tumors, or any other lesions responsible for continuance of the discharge.

The symposium on "Puerperal Eclampsia" was opened with a paper on "The Eclamptic Kidney," by Dr. L. P. Drayer. He said that in all cases of eclampsia there is renal insufficiency, and this insufficiency may or may not be associated with albumenuria. The albumen, however, is the effect and not the cause of the convulsions. The renal changes in many cases of eclampsia are of but moderate extent, the most constant lesions being hyperaemia and fatty degenerative changes. Frequently there is dilatation of one or both ureters and of the pelvis of the kidneys. The sudden suspension of the urinary secretion is due to the dis-

turbances in the renal circulation, and the retention of excrementitious principles is responsible for the convulsions, either through centric causes or peripheral irritation. It is a demonstrated fact that eclampsia occurs without kidney lesion, and serious kidney lesion sometimes exists in a pregnant woman without being accompanied by eclampsia. Eclampsia is always serious, but should be considered doubly so when coincident with kidney lesion. The existence of albumen in the urine when there is high specific gravity and no casts should not be considered as an evidence of kidney lesion, though it usually indicates disturbance in the kidney circulation. On the other hand, the presence of albumen in urine of low specific gravity should lead to the suspicion of existence of kidney lesions, and the presence of casts add to the certainty of the diagnosis.

"When Shall the Uterus Be Emptied in Puerperal Eclampsia?" was the title of a paper by Dr. H. A. Duemling. He furnishes the following abstract of the paper:

In discussing the above subject it is taken for granted that emptying of the uterus in eclampsia is a *sine qua non*. However, absolute statement in regard to this indication is not wise owing to the very just diversity of opinion amongst experienced obstetricians. To reach an approximately accurate conclusion it will be necessary to sharply differentiate the instances where eclampsia seems imminent and those where convulsions have developed. If emptying the uterus shall constitute the best treatment of eclampsia it must be remembered that a number of conditions may be and often times are the agents in producing this condition.

Observations show that gouty, anemic, rheumatic, and neurotic tendencies are especially susceptible to eclampsia; so that these conditions should receive attention as primary factors in the production of eclampsia.

Eclampsia is a disease of pregnancy and not of labor. A patient may recover from eclampsia and continue in pregnancy.

Dewar reports a case of a primipara six months pregnant and previously healthy; she was seized by convulsions. The bowels were emptied, as she had been constipated, and her urine drawn by catheter and found free of albumin. Under treatment with pottasium bromide, chloral hydrate, and veratrum viride she recovered temporarily. This patient had two additional series of

convulsions and finally gave birth in a normal labor to a healthy child at full term. In the vast majority of cases the development of eclampsia leads to premature labor. In Toklein's collection of 106 in number, 93 of the patients were parturient. And this seems to indicate one phase of the treatment, viz., emptying the uterus. Experience teaches, too, that if the uterus has not been emptied at the first attack the liability to further attacks is greater than where it has. Yet there are cases in which medicinal treatment is indicated. The problem of when to empty the uterus is therefore most complex.

Remembering that in no given case the emptying of the uterus will ward off the attacks, nor perhaps diminish the danger of convulsions (for the very emptying may excite them) ,add to that the danger to the child and to the mother and the timid physician will reach for chloroform, veratrum viride or venesection.

I mean to defend one indication strongly: When convulsions have occurred the time for keeping your hands in your pocket and emptying in the quickest manner possible the uterus is imperative. When in spite of palliative measures and hygienic precautions, the uremic symptoms have steadily progressed until the central nervous system has become involved, the question comes up for decision whether to persevere in a plan of treatment designed merely to ward off the impending danger, or whether to place the patient without delay in a position of relative safety by the induction of premature labor.

As a last resort before accouchment force I will mention venesection.

Olshausen invariably bleeds his patients from eight to sixteen ounces. Bleeding meets three indications of treatment very well, viz., it lowers arterial tension, it diminishes to the fullest extent practicable the irritation of the vaso-motor and convulsive centers, and it restores the kidneys to their normal functions. Yet after all, prompt emptying of the uterus, with the necessary loss of blood accompanying, is the best treatment for an established eclampsia.

Supposing that, in spite of resort to the recognized methods of treatment of albumin, the albumin increases in amount, headache and eye symptoms appear and dropsy sets in. The woman has reached the seventh month, the child is viable and its cardiac sounds can be heard. It may be safely predicted that this woman will have eclampsia now or at term, during labor or afterwards.

If she does before labor, the child's chances for survival are very slight. Meantime the woman risks an aggravation of her symptoms—the renal condition may become permanent, visual defects may become lasting, puerperal mania and puerperal paralysis may occur.

Now, if premature labor is induced, the chances for the mother and child are better, even if convulsions occur as the result of the necessary manipulation, than to allow the patient to continue.

Should eclampsia develop as the direct result of the induction of labor, labor having been started it may be ended more quickly than if operation had been forced on the attendant by the spontaneous occurrence of convulsions. Therefore the immediate and remote welfare of the woman, and in most instances, too, of the child, calls for premature labor.

When eclampsia is justly feared, dietetic and medicinal measures having failed to ameliorate the symptoms which precede eclampsia, the best interests of both mother and child are served by the election of premature labor. In conclusion, well aware that I have not nearly exhausted all phases of the subject, I offer the following:

1. The examination of the urine is important as a means to early recognize impending eclampsia.

2. The administration of drugs like potasium bromide, chloroform, veratrum viride, bleeding, etc., while beneficial in some cases, should not be continued until a time when emptying the uterus is but a forlorn hope, a dernier resort.

3. Convulsions, save the mildest forms, are the signal for immediate delivery.

4. Emptying the uterus at a time of election is conservative both to mother and child.

"How Shall the Uterus Be Emptied in Puerperal Eclampsia?" was the title of the paper by Dr. M. F. Porter. He said that there is a demand for rapid and certain action.

The methods employed are:

(a) Drugs, intra-uterine injections, electricity, instruments and various appliances. Directed particular attention to the danger to the mother from infection and from injecting air into the veins; and to the danger to the child from the slowness and uncertainty of the method.

Intra-uterine injections are slow, uncertain, and not devoid of danger, and are not to be thought of in the treatment of puerperal eclampsia. Electricity has its advantages, but cannot be considered rapid and certain.

(b) Mechanical means.

1. Rupture of membranes—Certain, but tedious and perilous to child and somewhat to mother. Should be condemned.

2. Tampon of vagina—Sure, slow, safe as to mother. May use tampon when in no hurry. Better when near term. Colpeurynter—gauze.

3. Glycerine injections between membranes and uterus—Quite certain, is slow, and there is danger of rupture of membranes and of nephritis. Should be condemned.

4. Krause's method of inserting a catheter in uterus—Slow and uncertain. Danger from infection, hemorrhage and premature rupture of membranes.

5. Mechanical dilatation of the cervix. This is the only method to be seriously considered. The technique should be the same as for any surgical operation. In the preparation of the patient the use of the brush in the cleansing of the vagina is to be condemned, as it does no more good than can be accomplished with gauze and does do harm by scraping away epithelium. Is opposed to the use of brush in the vagina. Prefer gauze and soap. You can efface the folds of the vagina better with gauze.

Tamponing the cervix with gauze is one way of dilating same, or can use Barnes' or McLean's bags or Bossi's dilators. But the gloved hand is the best for dilating the cervix. This is one place where the gloves are of value, as here you do not need the sense of touch so much.

Under ordinary circumstances should use no force. As to delivery after dilatation is complete, if the patient is in no great immediate danger, best plan is to allow nature to take care of the case. If patient is in need of haste, then version, cephalic or podalic, or forceps may be brought into play.

Anesthesia should always be induced prior to either rapid dilatation or artificial delivery.

In primipara wish to warn against podalic version on account of danger to child.

In narrow, rigid vaginae or contracted pelvis, and in podalic version, or extreme rigid os, would advise Caesarean section, and

abdominal in preference to vaginal Caesarean section, as you have field under better control in abdominal Caesarean section.

Helme advised and has done sub-arachnoid puncture in eclampsia, and thus diminished pressure.

A consultant is to be one of the essentials where you are about to empty the uterus for relief of puerperal eclampsia.

Discussion: Dr. Maurice Rosenthal said that puerperal eclampsia must be considered an alarming condition, the cause of which is not actually known. The first indication in treatment is to increase the elimination, and diuresis is the most satisfactory form of elimination in these cases. There is danger in diaphoresis, owing to concentration of toxic material by the watery outflow of the constituents of the blood. As a diuretic a saturated solution of cream of tartar, one glass full every hour, as advocated by Osler, is excellent. A case was reported in which eclampsia seemed imminent and in which this treatment brought about an increase of urine from one to four pints per day, and the early reduction of the puffiness of the face and limbs, and headache. Dr. Rosenthal said that in vaginal Caesarian section there is not much to be gained. It is not surgical, and an operator cannot limit the damage done.

Dr. L. P. Drayer said that eclampsia was not an uncommon thing in cattle, and that veterinary surgeons were inclined to the belief that emptying the uterus stopped the eclamptic attacks. Another method employed by veterinary surgeons is to inject iodide of potassium into the mammary glands, and it is reported that this treatment often stops the convulsions.

Dr. B. P. Weaver called attention to Hearst's plan of rectal saline injections. The convulsions should be treated first, one drachm of chloral and fifteen min. of veratrum viride being administered, this to be followed by at least two quarts of saline solution per rectum. The patient should be covered with hot blankets to induce diaphoresis. During this time dilatation is going on and at the proper time the uterus may be emptied of its contents.

Dr. G. L. Greenawalt said that these cases would be less frequent if more attention was given to the treatment of the patient during pregnancy. Pregnant women should more often be under the direct care of the family physician for several weeks prior to term. In affecting prompt delivery the physician should use good common sense. The sense of touch is most reliable

in determining conditions presented, and the fingers as an aid in dilatation are superior to various contrivances invented by the instrument maker.

Dr. S. H. Havice spoke of the difficulty in affecting dilatation in some cases as a hindrance to prompt delivery. He thought that too often in these serious cases the physician becomes nervous and does things which are not effectual in producing results. Believes that the physician should not be in too much of a hurry, and nothing in connection with a case of labor should be considered impossible.

Dr. M. F. Porter said that no drug compares with morphine to control the convulsions. Chloroform is of no use in severe eclampsia because the patient is not breathing sufficiently to secure effect from the inhalations. Bleeding, rectal saline injections, hot packs and croton oil should be resorted to to effect elimination. Morphine by hypodermic injection should be administered to control the convulsions.

The Board of Censors reported favorably upon the application of Dr. Hoffman and on motion he was elected to membership in the Society. The application of Dr. Breuggeman was received and referred to the Board of Censors.

Adjourned to meet again the first Tuesday in September.

Following the meeting the members with their wives and invited guests had luncheon in the pavilion and later attended the park theater in a body. J. C. Wallace, Sec'y.

The Northern Tri-State Medical Association.

(CONTINUED FROM THE AUGUST NUMBER.)

Dr. John North, Toledo, Ohio, presented a paper entitled, "The Faucial Tonsils; Their Use and Abuse." (This paper appears in full in this issue of the Journal-Magazine.)

The discussion was opened by Dr. Albert E. Bulson, Jr., of Fort Wayne, who said that from the title of the paper he had concluded that the essayist would contend that the tonsils were of use and that their removal was a mistake. Said he was pleased to know that Dr. North considered the tonsils as possessing no important physiological function, and their removal, especially when enlarged, as absolutely indicated in the interests of good health. The different varieties of enlarged tonsils as mentioned in the paper required different methods for their removal, but in

all instances ablation could be considered the only satisfactory treatment. Reducing tonsils by the so-called absorption methods, astringents, and local treatment of whatsoever nature is not accomplished to any appreciable extent, and much valuable time is wasted in efforts in that direction. In children ablation with a tonsilotome is the best method of removal, but in adults the possibility of alarming hemorrhage warrants the adoption of the cold wire snare. While the cold wire snare does not leave as smooth a surface as the knife, and as a result of the crushing of the tissues and putrefactive changes, there is nearly always some sepsis following a snare operation, yet it is the safest operation for adults. In all cases the tonsils should be carefully separated from the anterior and posterior pillars before removal is attempted, and an effort should be made to secure all of the tonsil, as remnants left behind are apt to produce trouble. In children the presence of enlarged tonsils should indicate the possibility of the existence of adenoids in the naso-pharynx, as the two generally go together. The so-called cryptic tonsils are sometimes satisfactorily treated by division of the partitions between the crypts and removal of the overlying tissue, thus either completely destroying the pockets or rendering them saucer shape and not likely to retain accumulations of food. Among the laity there is a well defined idea that removal of the tonsils affects the voice injuriously, and some physicians in general practice have even been known to encourage the idea. Nothing can be further from the truth, for removal of enlarged tonsils nearly always produce a marked improvement in the phonation as well as improving the general health of the patient. Those children and adults who have enlarged tonsils, and adenoids which are frequently an accompaniment, generally have sooner or later some affection of the hearing.

Dr. E. T. Morden, of Adrian, Mich., said he did not believe in the indiscriminate use of the tonsilotome and condemned the operations by tonsilotomes in which only a small piece of the tonsil is removed, the patient being under the impression that no further trouble will result. When the tonsilotome is used it should be used by one of experience, and only upon those tonsils which extend sufficiently toward the median line of the ora-pharynx, so that with the aid of forceps practically the whole tonsil may be removed by the tonsilotome. Dr. Morden said that he preferred cautery dissections for the reason that there was no danger from

hemorrhage when such measure is properly employed. Care, however, should be exercised in not removing too much at a time so as to excite undue reaction. He also said that in his opinion enlarged tonsils were frequently a cause of gastric catarrh through impaired secretions and irritation of the surrounding mucous membrane which is in connection with the mucous membrane of the stomach.

Dr. H. C. Wyman, Detroit, Mich., said that he considered all enlarged tonsils as foreign bodies requiring complete removal. He believed that every one who has tonsils projecting beyond the pillars of the fauces would be better off if such tonsils were removed by surgical means. He described a simple instrument of his own device with which he removes tonsils. The instrument consists of a canula through which is passed a fine saw-toothed wire such as commonly used by surgeons. The loop is passed over the tonsil, and by means of the two free ends extending from the other end of the canula, the tonsil is quickly and thoroughly removed by one movement of the hand. In this manner the tonsil is partly snared and partly cut off, but in such a way that but limited hemorrhage follows the operation.

Dr. Geo. W. Spohn, Elkhart, Ind., said he quite agreed with all the speakers that enlarged tonsils should be removed, and in his judgment they should be thoroughly enucleated, no vestige of tonsil being allowed to remain. He preferred the method advocated by Dr. Pinchon, and said that if the tonsil was removed piecemeal the patient suffered less inconvenience from hemorrhage as well as soreness of the throat.

In closing the discussion Dr. North said that the tonsils were more often neglected in children than anything else in the way of diseased conditions. Many times children suffer from repeated sore throats, impaired breathing, and possibly serious ear troubles, all due to enlarged tonsils, and the tonsils are allowed to remain on the supposition that in time the child will outgrow the trouble. Nothing but radical treatment is indicated, and every physician should preach the gospel of removal of the tonsils in child or adult whenever the tonsils are enlarged.

"The Role of Chemical Pathology in Relation to the General Practice of Medicine" was the title of a paper read by Dr. A. P. Buchman, of Fort Wayne. (This paper appears in full in this issue of the JOURNAL-MAGAZINE).

Dr. J. A. Weitz, Montpelier, Ohio, opened the discussion by saying that he thought too little attention was given the subject of chemical pathology, and that we are only beginning to appreciate the necessity for more careful investigation of the chemical changes in the tissues and secretions of the body before arriving at satisfactory conclusions as to the definite diseased process at work, and the means necessary for its relief. There is no doubt that many of the manifestations known as symptoms in diseases are due to toxaemies which are at present but little understood. It is quite likely that when these various toxaemies are more carefully studied, and their action appreciated, we will be able to more successfully treat the diseased process resulting therefrom. The elimination of certain salts, such as the oxates, urates, etc., is but an evidence of the chemical changes going on in the system, which have a definite relation to diseased processes. We already know that certain chemical changes accompanying elimination produce certain results, but the exact manner in which those results are accomplished through chemical change is not thoroughly understood, and if understood the knowledge could be applied with more far-reaching effect in the treatment of diseased conditions than is now possible.

In closing the discussion Dr. Buchman said that every time an organ of the body is sacrificed to surgery a defeat for medicine is acknowledged. If the physician will look into the chemical changes going on in the human body more carefully many diseases would be shut off instead of cut off. Surgery has made more rapid strides than medicine in the past few years simply because surgeons work more independently and don't follow along old routes. Medicine would have made more rapid strides if those practicing it had been willing to investigate and experiment in order to discover new facts.

"Pancreatitis, With Report of Cases," was the title of a paper read by Dr. Wm. Gillett, of Toledo. The essayist said that formerly a diagnosis of some form of pancreatic disease was made when an abundance of fat or striated muscle fibers was found free in the feces; this, coupled with sugar in the urine, made such diagnosis most certain. We now know, however, that any one or all of these conditions may exist, and no discoverable pathologic lesion of the pancreas be present; and also that pancreatic disease may exist in some form, and no doubt frequently does, without the presence of any of these manifestations; also

that when they do occur, a very considerable destruction of the gland must have taken place, or the flow of its secretion into the intestine is interfered with.

It is, however, fully recognized that a relation may exist between pancreatic disease, fatty stools, sugar in the urine, and undigested muscle fiber in the feces.

Two cases operated for disease of the pancreas were reported. One, operated February, 4, '04, followed infection from a probable posterior perforation of the stomach, producing a large abscess which was opened through the gastro-hepatic omentum. Drainage was continued for a period of six weeks, when it ceased and the patient went on to recovery. At time of operation the pulse varied from 100 to 110, and the temperature from 101 to 102.

The second case, operated in August, 1901, was tuberculosis of the pancreas in a young woman who had been sick six months, had become emaciated, and suffered severely from pain in the epigastric space. Vomiting was frequent. The pancreas was exposed by incision through the gastro-colic omentum and found greatly enlarged, and studded with deposits of tubercle. The gland was freely cauterized with the Paquelin cautery. The patient made an uninterrupted recovery and is well. At time of operation pulse and temperature were 100.

The paper was discussed by Dr. M. F. Porter, of Fort Wayne, who also reported cases of a similar character.

The committee on new constitution and by-laws reported, through its chairman, Dr. Bulson, that the county constitution as prepared by the American Medical Association would with a few alterations prove suitable for the Association. The chairman of the committee then read the sections pertaining to membership, time and place of meeting, officers, etc. Any physician in good standing, living in Indiana, Ohio or Michigan, was recommended as eligible to membership. Meetings are to be held the second Tuesday in January and July of each year. Dues were fixed at $1.00. On motion the constitution and by-laws as read and recommended by the committee was adopted, and the secretary was ordered to have copies printed and sent to all members. The committee on finance reported favorably on the report of the treasurer, Dr. S. G. Holbrook, of Coldwater, and bills for expense of the Adrian meeting were allowed. The report of the nominating committee was adopted and the following officers elected for the ensuing year: President, Dr. G. W. Spohn, Elkhart, Ind.;

vice president, Dr. J. R. Williams, White Pigeon, Mich.; secretary, Dr. E .T. Morden, Adrian, Mich.; treasurer, Dr. S. G. Holbrook, Coldwater, Mich.

On invitation the Society moved to hold the next meeting at Toledo, Ohio, the second Tuesday in January, 1905.

Adjourned.

J. R. Williams, Secretary.

Indiana State Medical Association.

The next meeting of the Indiana State Medical Association will be held at West Baden-French Lick, Wednesday, Thursday and Friday, June 7, 8 and 9, 1905. The name of the place of meeting has been hyphenated, as the functions will be partly held at Tom Taggart's hotel at French Lick, as well as at West Baden which was originally selected as the place of meeting. French Lick is situated about a mile from West Baden, with trolley line connections, and the many advantages as well as attractions of the two resorts have been given consideration in the arrangement of the program.

Officers of the Association.—President, Geo. T. McCoy, M. D., Columbus; first vice president, H. J. Hall, M. D., Cannelton; second vice president, D. J. Loring, M. D., Valparaiso; secretary, F. C. Heath, M. D., Indianapolis; treasurer, Albert E. Bulson, Jr., M. D., Fort Wayne.

Members of the Council.—President, W. N. Wishard, M. D., Indianapolis; secretary, Albert E. Bulson, Jr., M. D., Fort Wayne; First district, W. R. Davidson, M. D., Evansville, for one year; Second district, Geo. Knapp, M. D., Vincennes, two years; Third district, Harry Sharp, M. D., Jeffersonville, for three years; Fourth district, W. H. Stemm, M. D., North Vernon, for one year; Fifth district, M. A. Boor, M. D., Terre Haute, for two years; Sixth district, D. W. Stevenson, M. D., Richmond, for three years; Seventh district, W. N. Wishard, M. D., Indianapolis, for one year; Eighth district, G. W. H. Kemper, M. D., Muncie, for two years; Ninth district, P. J. Barcus, M. D., Crawfordsville, for three years; Tenth district, E. J. Blinks, M. D., Michigan City, for one year; Eleventh district, Robert Hessler, M. D., Logansport, for two years; Twelfth district, Albert E. Bulson, Jr., M. D., Fort Wayne, for three years; Thirteenth district, C. A. Daugherty, M. D., South Bend, for one year.

COMMITTEES.

Arrangements—E. D. Laughlin, Orleans; D. C. Peyton, Jeffersonville; Geo. D. Kahlo and Geo. J. Cook, Indianapolis.

Scientific Work—C. A. White, Danville; C. K. Bruner, Greenfield; F. C. Heath, Indianapolis.

Public Policy and Legislation—W. N. Wishard, Indianapolis; Edwin Walker, Evansville; Allen Pierson, Spencer; Harry Sharp, Jeffersonville; R. E. Holder, Columbus; M. A. Boor, Terre Haute; J. M. Wampler, Richmond; C. Trueblood, Anderson; A. A. Swope, Crawfordsville; E. C. Davidson, Lafayette; W. A. Frankboner, Marion; K. K. Wheelock, Fort Wayne; J. B. Berteling, South Bend; G. T. McCoy, Columbus (ex-officio); F. C. Heath, Indianapolis (ex-officio).

Hygiene and State Medicine—J. N. Hurty, Indianapolis.

Necrology—G. W. H. Kemper, Muncie.

Pathology—F. B. Wynn, W. C. White and R. H. Ritter, Indianapolis; J. B. Berteling, South Bend; F. M. Mueller, Lawrenceburg; C. S. Bond, Richmond; A. M. Hayden, Evansville; L. P. Drayer, Fort Wayne.

Inebriety—M. F. Gerrish, Seymour; Geo. R. Green, Muncie; H. J. Hall, Franklin; J. M. Moulder, Kokomo; C. A. Daugherty, South Bend; B. Eliz. Malone and Martha J. Smith, Indianapolis.

Tuberculosis—Theo. Potter and J. F. Barnhill, Indianapolis; Walker Schell, Terre Haute; B. Van Sweringen, Fort Wayne; C. Trueblood, Anderson; J. H. Green, North Vernon; W. H. Gilbert, Kendallville, and L. L. Whitesides, Franklin.

Noble County Medical Society.

The regular meeting of this Society was held in Kendallville on Tuesday, Sept. 6th. About twenty-five physicians who were present listened to the following program:

Report of Case of Ectopic Pregnancy—Operation; recovery. Dr. B. Van Sweringen, Fort Wayne, Ind. Discussion opened by Dr. W. T. Green, Albion, Ind.

One-half hour devoted to the memory of the late Dr. E. W. Knepper.

Short Talks—By Drs. John W. Hays, S. W. Lemmon, W. H. Franks, E. W. DePew, H. G. Tucker and W. K. Mitchell.

Symposium—Tuberculosis.

Paper—The Etiology, Early Manifestations and Diagnosis of Tuberculosis, Dr. J. Hamilton Nye, Cromwell, Ind.

Discussion opened by Dr. J. W. Luckey, Wolf Lake, Ind.

Paper—Operative Treatment of Laryngeal Tuberculosis, Dr. K. K. Wheelock, Fort Wayne, Ind.

Discussion opened by Dr. W. A. Shobe, Ligonier, Ind.

Paper—The Medical Treatment of Tuberculosis, Dr. F. W. Black, Ligonier, Ind.

Discussion opened by Dr. C. B. Goodwin, Kendallville, Ind.

Paper—The Surgical Aspects of Tuberculosis, Dr. J. C. Fleming, Elkhart, Ind.

Discussion opened by Dr. Geo. A. Teal, Kendallville, Ind.

Paper—The Hygienic Management of Tubercular Diseases, Dr. J. L. Gilbert, Kendallville, Ind.

Discussion opened by Dr. Wm. Veazey, Avilla, Ind.

NEWS NOTES *and* COMMENTS

Personals.

Dr. Henry Ranke, Fort Wayne, was recently married. His bride was formerly Miss Helene Bauer.

Dr. H. A. Duemling, Fort Wayne, is spending the month of September hunting in Western Colorado.

Dr. C. H. English, Fort Wayne, has opened an office at his recently purchased residence on West Wayne street.

Frank A. Ruf, the genial and hard working president and treasurer of the Antikamnia Chemical Co., of St. Louis, is taking a much needed rest by an extended trip through Europe. As

usual he is not forgetting his numerous friends among the medical editors in the United States with whom he is always on such friendly terms, and numerous souvenir cards and remembrances from various portions of Europe, bearing Mr. Ruf's name and perhaps some cheering message, have been received by the medical editors during the past few weeks.

Dr. Miles F. Porter, Fort Wayne, read a paper before the Pennsylvania Railroad Association, by invitation, at the meeting held in St. Louis September 9th. He also read a paper before the American Gynaecological and Obstetrical Association, which met in St. Louis on September 13th.

Dr. W. D. Calvin and Dr. Jessie C. Calvin, Fort Wayne, have returned from an extended vacation trip down the St. Lawrence and through the Canadian provinces. From Quebec the return trip was made through the White Mountains and home by way of Boston and New York.

Dr. Albert E. Bulson, Jr., Fort Wayne, presented a paper before the American Academy of Opthalmology, which met in Denver, Colo., the last week in August. Dr. Bulson was accompanied by his family, and on the return trip the World's Fair at St. Louis was visited.

Dr. J. E. Miller, formerly of Fort Wayne, is now located in Arizona, where he has charge of a sanitarium and invalids' camp. Dr. Miller went to Arizona for the purpose of improving his health.

Dr. G. W. McCaskey, Fort Wayne, has recently sent out cards announcing his return from a prolonged summer vacation, and advises the members of the medical profession that much new

equipment has been procured for his laboratories to facilitate the work of thorough and complete bacteriological, chemical and pathological examinations.

Dr. D. B. Taylor, who resided in Fort Wayne for nearly two years, has accepted an appointment as medical director of one of the Ohio State soldiers' homes.

Dr. N. C. Browand, Garrett, owing to ill health, has decided to retire from the practice of medicine. It is announced that he will take up ranch life in the west.

Dr. B. W. Rhamy, assistant to Dr. G. W. McCaskey, Fort Wayne, was recently married to Miss Mary Orvis, Fort Wayne.

Dr. G. B. M. Bower, Fort Wayne, accompanied the Knights Templar on their excursion to San Francisco. Dr. Bower will spend some weeks visiting important places on the Pacific Slope.

Dr. A. H. Macbeth, Fort Wayne, has recently purchased an electric omnibus for use in transporting visitors and patients to and from the Abbot Sanitarium in the eastern portion of the city.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Diet in Chronic Heart Disease.

According to Schott, in *London Lancet,* the two fundamental principles in the regulation of diet in chronic heart diseases are the following: Patients must avoid everything which excites the action of the heart; and everything must be avoided which embarresses the action of the heart. The substances which most readily cause excited action of the heart are strong coffee, strong tea and strong alcoholic liquors. Moderate quantities of ordinary water and milk are the best beverages; next in order come tea or coffee, both of them with copious addition of milk. Cocoa deprived of its fat is good, but chocolate is seldom found to agree well. With respect to the second rule, the patient should avoid taking enough to cause considerable distention of the stomach, and he should eat nothing which is difficult of digestion or tends to flatulence. Such injudicious indulgences may be harmful in three ways: 1. The diaphragm is pushed up against the lungs so that respiration is impeded, and the shortness of breath and dyspnoea thence arising are peculiarly injurious to sufferers of heart disease. 2. The distended stomach also presses the diaphragm directly against the heart, forces the heart upward and outward, displacing it in the direction of its base in such a way that its action can only be carried on with increased effort. 3. In like manner the intra-abdominal pressure is augmented, and the abdominal vessels are compressed; the heart is weakened and the cardiac muscle not infrequently suffers in the struggle. These patients should take small amounts of food at short intervals; every three hours is often enough, the last meal of the day being taken two and a half or three hours before bedtime. Each meal ought to have about the same nutritional value because this, apart from its utility for digestion, conduces best to a uniformly beneficial effect on the heart. Soups, because of their bulk and low nutritive value, should be taken in small amounts, not over a few tablespoonfuls. New bread, whether brown or white, and freshly baked cakes, are to be avoided totally. Toast, zwieback made

without sugar, or the crusts of rolls, may be taken. Among vegetables the following are to be avoided: Beans, peas, lentils, sauer kraut, red cabbags, leaks, onions, garlic and celery. Potatoes in the form of puree, or simply boiled in water, are to be preferred to baked potatoes. Turnips and carrots should be eaten only when fresh or young. Animal food in its various forms, especially fish and poultry, are allowable, except, eels, fat goose breasts and goose liver, rich sauces or mayonnaise, salmon, lobsters and crabs. Oysters, mussels and game seldom do harm if fresh and prepared in plain style. Highly smoked and salted fish or meat are objectionable, because the great thirst which they produce easily tends to too much water being drunk. Among fatty substances butter and cream are the best. Fat bacon, ham fat, oil, hot seasoning, red and black pepper are injurious. All foodstuffs containing these substances are to be avoided. Vegetable salads without hot seasoning, and particularly when made with lemon juice, are permissible. Easily digested fruit, stewed with the addition of a little sugar, can be recommended, particularly on account of its favorable influence on gastro-intestinal peristalsis. For the same reason raw fruits, such as apples, pears, apricots, peaches and oranges are often desirable. Berries of all kinds, pineapples, walnuts, filberts and Brazil nuts are injurious. Ice in any form, whether it is iced drinks, fruit ices or puddings, should be abstained from. Nor should anything very hot be taken. It is impossible to urge too strongly that sufferers from heart disease always require a mixed diet. Too much animal food may cause irritation of the kidney, with hypertrophy and dilation of the heart. An entirely vegetable diet is no less injurious. Schott regards tobacco with great disfavor. In tobacco there are many substances besides nicotine that may act injuriously, and for this reason the partial removal of the alkaloid, a process to which tobacco has often been subjected in recent years, is no guarantee that smoking may have no ill consequences. He recommends giving up smoking altogether or else indulging in it most sparingly, and in the latter case, using very dry tobacco and a long mouth-piece pipe. Gentle exercise in the open air for a short time after meals is preferable to sitting still. It is quite essential that the individual characteristics of the individual be studied, and that the treatment should be modified in correspondence with the symptoms.—*Jour. A. M. A.*

Appetite and Gastric Secretion.

Meisel, in *Wiener Klinische Rundschau,* Vienna, remarks that the study of metabolism is incomplete unless we take the appetite into account at the same time. It is a hitherto neglected but important factor in metabolism. He regards it as an impulse from the cortex, inciting various reflex acts as it passes through the sensory centers, which are of the greatest importance for the utilization of food. It stimulates the secretion of the saliva long before the ingredients of the food can be felt in this line, prolonging and enhancing the enjoyment of the food and getting the food in the best possible condition for its utilization in the stomach. The appetite is the inciter of the "appetite gastric juice," without which the digestion of bread and albumin in the stomach is entirely impossible, and the digestion of milk and meat is a much slower and weaker process. The appetite further increases the secretion in the pancreas and arrests the inhibitions which are liable to hinder the functioning of the pancreas. And, finally, the appetite leaves behind it an agreeable mood, in which the cortex functionates more perfectly, and any inhibiting influences which may have previously existed are suspended. The appetite is the highest phase of development of an instinct. If we obey its mandates it not only affords us enjoyment, but it has a vivifying and stimulating action on the functions of all the organs, especially those of the cortex. It is the highest mental evolution of the need of food, and is for the preservation of the individual what sexual love is for the preservation of the race.—*Jour. A . M. A.*

Paroxysmal Tachycardia.

Barr, in *British Medical Journal,* July 16, 1904, reports a case of paroxysmal tachycardia, or rapid heart action occurring in a youth aged seventeen years. The first attack was the result of a kick or blow on the epigastrium, received at football. The pulse was over 250, and remained so for a week. The abdomen was so much swollen that an exploratory operation was thought of. Recovery took place, but the patient was subsequently seen three times for similar attacks, each following a blow or over-exertion. The basis of the attacks seemed to lie in a hyper-distension of the right side of the heart, which would quickly terminate the life of the patient were not the musculature

in a healthy condition. The volume of blood thrown into the pulmonary artery and aorta at each systole is but small. The patient complained but very little; there was no anginoid distress, no real dyspnoea, and he could move about, all due to the fact that the blood pressure was relatively high—190 mm. of mercury as compared to a normal of 160 mm. The treatment consists of rest in bed, and the use of the nitrites to diminish peripheral resistance and equalize the amount of blood in the two sides of the heart. The patient should be encouraged to take long, deep breaths, to promote the flow of blood to the lungs. Counter-irritation over the heart, a brisk purgative, and dry diet are also indicated.—*New York Med. Jour. and Phil. Med. Jour.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Has Influenza Been a Causative Factor in the Increase of Appendicitis?

Dr. Philip Marvel (*J. A. M. A.*) is of the opinion that appendicitis can seek a caustive factor in influenza. The author offers as proof of this opinion the increase of appendicitis during an influenza epidemic. That influenza has an inclination to affect mucous surfaces is exemplified by the fact that one of its cardinal symptoms is acute inflammation of the mucous membrane of the respiratory as well as the digestive tracts. That a localized inflammation of the mucous membrane of the appendix can be caused by influenza is highly possible, but not strikingly probable.

Appendicitis has been shown to be most prevalent during epidemics of influenza, but statistics also show that this affection is steadily on the increase; this is probably due to the fact that it is more frequently diagnosticated at present than in the past. The opinions of reputable authorities vary as to its being an

etiological factor. Musser, Hare, Anders and Mayo are doubtful as to its being a cause of appendicitis.—*Med. Fortnightly.*

(Clinical evidence is abundant to show that influenza is a causative factor in otitis media and nephritis, together with the inflammatory conditions above noted, hence we can see no reason for not reckoning it among the possible causes of appendicitis, but our personal experience does not incline us to the belief that it is at all a common or frequent one.—Ed.)

Open Treatment After Skin-Grafting.

Bruning (abstract in *Jour. A. M. A.*, Sept. 3, 1904) speaks highly of the open method of treatment following the application of Thiersch flaps. By this method maceration of the grafts is avoided, as is also the displacement of the grafts which so often occurs during removal of the dressings. Superfluous edges of the grafts dry up and drop off. There is no shriveling. The grafts are firmly healed in place by the eighth day.

Redecapsulation of Kidneys.

Recent observations having shown that a new capsule forms after decapsulation of the kidney, Edibohls recommends redecapsulation in those cases in which symptoms indicate a return of the kidney insufficiency.

Retroversion During Pregnancy.

Herman says the only danger from retroversion in pregnancy is through infection from retained urine. Free, proper use of the catheter is the only treatment. In 90 per cent. of the cases the organ will right itself.

Immediate Repair of Cervix.

Dr. W. S. Stone, of New York, is very much in favor of the immediate repair of cervical lacerations. He thinks in this way much of the chronic pelvic disease following labor may be avoided.

Urea in Puerperal Eclampsia.

Clark does not think that diminution of the amount of urea excreted during pregnancy indicates danger of eclampsia. The presence of albumin in the urine is the best guide.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Chronic Rhinitis.

In order to check the secretions in case of chronic rhinitis with excessive watery discharge, the following spray may be used:

℞ Ol. caryophylli, *m*iij.
Terebeni, *m*xx.
Liq. petrolati, ℥j.

M. Sig.: Use as a spray three or four times a day.—St. Louis Clinique.

Abortion for Choroiditis and Detachment of the Retina.

L. Delzoppo and T. Soli record the case of a woman who had already lost her right eye during her second pregnancy from disseminated choroiditis and detachment of the retina. In her fifth pregnancy the left eye was also attacked. The disease of the eye was characterized by numerous foci of choroiditis, exudation into the vitreous, etc. Proving rebellious to all local and general treatment and threatening to destroy the remaining vision, it was decided to produce an abortion. The case progressed favorably and in consequence the affection of the eye was remarkably ameliorated.—*Recueil d'Ophtalmologie.*

Quinine in Hay Fever.

Dr. H. D. Fulton reports in the *Journal of the A. M. A.* that his method of using quinine locally in typical cases of hay fever has proved remarkably successful. A saturated solution of quinine sulphate in sterilized water is used as a nasal spray, and an ointment consisting of quinine and vaseline, in proportion of thirty grains to the ounce, is applied every four to six hours to the mucous membrane of the nares. The use of the spray alone will not suffice, but should be used as an adjunct to the ointment. Spraying the nares will at once stop all symptoms of choryza, but the effect will soon disappear unless followed by thorough application of the ointment.

Tobacco Amblyopia.

Persons suffering from amblyopia as a direct result of nicotine intoxication also have symptoms other than the eye lesions demanding attention. The digestive apparatus, blood, and nervous system are very much out of order. The appetite is generally poor, there is generally more or less pronounced constipation, all the secretions are diminished, and the functions of the nerve centers are destroyed. The digestion is disturbed, and products of faulty metabolism, being absorbed, give rise to rheumatoid pains in every part of the body, and one of the usual symptoms of tobacco poisoning is shown by palpitation of the heart which if long continued may result in hypertrophy of that organ. The sight may not only be very much weakened, but is sometimes actually lost. The impaired vision is usually what brings the patient to the physician for attention. In the treatment Dr. Shumaker recommends salicin, five grains, and oil of gaultheria, two drops, in a capsule, four to eight times a day. The salicin is tonic and antiseptic, improving the appetite and digestion, while the gaultheria aids in relieving the patient of any pain so frequently an accompaniment of the disorder. The use of tobacco should be entirely abandoned. The eye lesion is best treated by progressively increasing doses of strychnine which should be given hypodermically.

Acute Suppurative Otitis Media Complicated with Acute Articular Rheumatism.

Dr. Galzin, medecin-major of the second class, writes that suppurative otitis is a very rare complication of acute articular rheumatism. The case which he reports is that of a subaltern officer of twenty-two years, who entered the hospital on account of a severe attack of acute articular rheumatism complicated with endocarditis and pulmonary congestion. From the day of his entrance into the hospital he began to have a slight deafness and hissing sounds in the left ear without any pain. These troubles remained stationary; but a month later, when the patient entered the convalescent stage, the ear became painful. On the next day the pain was very severe, spontaneous perforation occurred, and a purulent discharge made its appearance. This discharge lasted about a month. Recovery was complete.—*Journal de Laryngologie, Etc.*

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

The Prevention of Diphtheria.

An editorial in the *Jour. Am. Med. Asso.*, July 23, 1904, supports the use of immunizing doses of diphtheria antitoxin on an extensive scale in preventing the spread of diphtheria among school children and the inmates of institutions. It is thought by the writer of the editorial that the immunity thus conferred lasts about three or four weeks, and the dose should be repeated in this time provided further opportunity for infection has occurred.

Several instances are recited where the prompt use of preventive doses limited the spread of the disease to very few cases. The use of the antitoxine in this way, if it can be made general, obviates the necessity of closing school when a case appears among the scholars.

Tonsillitis a Cause of Acute Nephritis.

Morse, J. L. *Archives of Pediatrics*, No. 5, p. 337, May, 1904.

Few American text-books refer to the relation of nephritis and tonsilitis, and the same is true of German authors, though the French have devoted more attention to it. There is every reason to believe that the streptococcal inflammations which are the cause of tonsilitis may also be the cause of acute nephritis. During eight months the writer has seen four cases of tonsilitis followed by acute nephritis, which leads to the belief that tonsilitis is a more common cause of nephritis than is usually supposed. Two of the cases were in adults and two in children. In all of them it was possible to exclude scarlet fever or previous diseases of the kidneys. It is probable that tonsilitis is more often followed by nephritis than is commonly supposed, and it is likely that in many cases of nephritis which are considered primary the infection enters through the tonsils, the local manifestations not being severe and having been forgotten. The liability to this complication should teach that tonsilitis is not a simple disease. The heart and urine in tonsilitis should be as carefully examined as in rheumatism or scarlet fever, and such examinations should be continued long after convalescence.—*Medicine,* July.

The Anti-Tuberculosis Rules of Dr. Knopf.

Dr. Knopf's rules for the conduct of school children to protect them from contracting tuberculosis are as follows:

Do not spit, except in a spittoon or a piece of cloth or a handkerchief used for that purpose alone. On your return home have the cloth burned by your mother, or the handkerchief put in water until ready for the wash.

Never spit on a slate, floor, sidewalk, or playground.

Do not put your fingers in your mouth.

Do not pick your nose or wipe it on your hand or sleeve.

Do not wet your fingers in your mouth when turning the leaves of books.

Do not put pencils into your mouth or wet them with your lips.

Do not hold money in your mouth.

Do not put pins in your mouth.

Do not put anything in your mouth except food and drink.

Do not "trade" apple cores, candy, chewing gum, half-eaten food, whistles, bean-blowers, or anything that is put in the mouth.

Peel or wash your fruit before eating it.

Never cough or sneeze in a person's face. Turn your face to one side, and hold your hand or handkerchief before your mouth.

Keep your face and hands and finger nails clean; wash your hands with soap and water before each meal.

When you don't feel well, have cut yourself, or have been hurt by others, do not be afraid to report to the teacher.

BOOK REVIEWS

Diseases of the Eye.—By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa.; Ophthalmic Surgeon in the Medico-Chirurgical Hospital. With five colored plates and two hundred and ninety-six illustrations in the text. New York and London. D. Appleton and Company. 1904.

This book, as the author says, is the outgrowth of a series of lectures delivered at the Medico-Chirurgical College and Hospital in Philadelphia. While there are many commendable features in the book, the work does not do sufficient credit to the author, who has an established reputation as an original worker

and as a practitioner of extended experience. The author has given prominence to his own views of pathology and methods of treatment, which, though in many instances varying from the accepted opinions of other prominent investigators, are worthy of consideration because advocated by one of merited authority. Singular as it may seem, he has failed in a number of notable instances to mention or duly credit others for opinions even when those opinions have become established as facts for the guidance of physicians. The author might have added many things which are recognized as distinct advances in ophthalmology but which have been omitted from the work. As a book of reference it falls short, and as a text-book it perhaps should be criticized because of the arrangement of the subject matter and the unusual prominence given to the author's views, in many instances to the exclusion of all others. The illustrations are good, though but few of them are original. The work of the publisher is above criticism. ——— A. E. B.

Modern Ophthalmology.—A practical Treatise on the Anatomy, Physiology and Diseases of the Eye. By James Moores Ball, M. D , Professor of Ophthalmology in the Saint Louis College of Physicians and Surgeons. With 417 Illustrations in the Text and Numerous Figures on 21 colored plates. Philadelphia. F. A. Davis Company. 1903.

This work has certainly been well named, as it is the most modern text-book and work of reference on the anatomy, physiology and diseases of the eye at present in print. There is no question but that the book contains more and better illustrations, both in colors and black and white, than is contained in any one single volume devoted to the subjects under consideration, and for the most part the illustrations are original. The subject matter is remarkably comprehensive, and considering that the volume covers the entire ground in 820 pages the author is to be complimented for the conciseness though clearness with which the matter has been presented. The chapters on diseases of the orbit, diseases of the muscles of the eye, refraction, ocular symptoms of nervous diseases, hygiene of the eye, and microscopic examination of diseased eyes are particularly well written and represent the latest thought and advancement in those lines. The 100 colored plates used to illustrate the book are beautiful, and materially add to its value. Aside from this there are between four and five hundred illustrations in black and white. The author and the publishers deserve great credit for bringing out a volume of such merit. It deserves and undoubtedly will have a wide sale. A. E. B.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV OCTOBER 1904 NO. 10

EDITORIALS

Enforced Idleness.

As a result of a temporary injunction granted by courts in Illinois the officials at the Joliet prison were restrained from allowing the prisoners to work under the new law. The result of this enforced idleness on the prisoners was soon shown in the sick report. Usually from eight to twelve men answer the sick call. A short time after the injunction went into effect the call brought out three hundred.

"This enforced idleness in Joliet," said Dr. Fletcher, the penitentiary physician, "will not only burden the state with a great increase in the number of its criminal insane patients but will breed among our convicts here the germs not only of minor ailments but of lasting and death dealing diseases. I refer particularly to tuberculosis."

And all this disaster is the work of unscrupulous and conscienceless money getters and politicians on the one hand and misguided and ignorant voters on the other. The latter, think-

ing competition and its resultant cheap commodities, detrimental to the community in general and to the poor in particular, seek to abolish prison labor. The former seek to attain political prestige, or money, or both, and all means to these ends are to these seekers righteous.

What a frightful calamity it would be to the poor of Illinois were that state to be "flooded" this fall with cheap shoes, stockings and other wearing apparel! How could the taxpayers withstand the nervous shock that would result from having their public institutions freed from part san politi s, and run on ordinary common sense business principles!

The question of prison management is but one of many questions, political in character, for the solution of which physicians are by their training peculiarly adapted. M.F.P.

Alien Paupers and Criminals.

The commissioner of immigration reports that there were in the prisons, insane asylums, and poorhouses of this country during the first four months of the year 44,582 aliens who have been in the United States less than five years. Of these 28,939 are males and 15,643 females. There are 20,279 insane and 14,604 paupers. Of the inmates of prisons 3,995 are confined for grave offenses.

These disagreeable figures show some of the evil consequences of unchecked and unsifted immigration. Of course poverty and insanity may befall aliens who were sane and self-supporting when they landed on these shores. The man who led a blameless life in his old home and comes here with a good record may fall into criminal ways. But the number of insane, criminals, and paupers among the immigrants of the last five years is altogether too large. Either officials are negligent or the laws do not give them sufficient authority.

The immigration officers should have at their command reasonably accurate information about the records of immigrants. They should know something of their past history—whether or not they have been paupers or criminals in their old homes. It will cost something to obtain that information, but not so much as it does to support the imbeciles and malefactors that Europe unloads on this country.

The above editorial from a recent issue of a daily publication, the name of which we have forgotten, refers to another

important quest on the solution of which should particularly concern doctors because they are by their education peculiarly fitted to assist in arriving at a solution at once just and humane.

To the writer it would seem eminently just and fair that we demand of all who wish to become citizens of this country that they submit proof that they are morally, mentally, and physically capable of becoming desirable citizens, and that in addition thereto they have sufficient funds to keep them from becoming public charges as a result of slight illness, accident, or inability to get work immediately upon reaching their destination.

By the way, the writer would like some expert with the microscope to search for the wisdom in the immigration law which admits the ignorant man without even a trade or a promise of a job, to our shores and prevents a skilled laborer mechanic from landing because he has a job awaiting him on his arrival.

The ranks of our insane, pauper and criminal classes will be recruited all too fast, in spite of our best endeavors to the contrary, from the parent stock which we have already with us, and it behooves us to see to it that this stock is not added to for the want of good and sufficient laws righteously enforced. M.F.P.

Concerning the Atlantic City Appendicitis Discussion.

The Journal A. M. A., September 24, 1904, publishes the papers of McCash, McRae and Deaver, read at the last meeting of the A. M. A., together with the discussion they elicited. There seemed to be a rather general agreement as to the methods of procedure and the indications for operation, on the part of all the discussants, with the exception of A. J. Ochsner, who took occasion to reiterate his wellknown views as to the advisability of delay and starvation in all cases where the infection has spread beyond the appendix.

In the first place it would seem that it s a very difficult matter to decide in many cases—this question of the localization of the affection to the appendix—without waiting longer than one feels he ought to wait. How frequently do we see the appendix in a far more advanced state of disease at the operation than was dreamed of before the belly was opened, the infection having spread more or less widely from its source. If there be any signs that are reliable which denote such extension we are unacquainted with them. Almost anyone can with a reasonable degree of accuracy decide as to the existence of a general peritonitis after several days have elapsed and marked signs are present, but to

detect with certainty its onset—to say that this case *will* have a general peritonitis and we ought not operate (according to Ochsner), or that general peritonitis is just beginning, is a very much more difficult proposition.

And then we can not see why he attributes such fatality to the operation in these cases. They all need drainage and the time consumed is usually very short and there is very little if any shock. In fact the opening of the belly for a rapid appendectomy and the establishment of drainage ought to make no difference in the subsequent progress of the case; that is, it ought not make any unfavorable difference. It should and it does make a favorable impression on them even though they subsequently succumb to the disease.

We believe with Murphy who said at the same time and place that he had operated "at once" on sixteen cases of peritonitis due to perforations of some of the hollow viscera and had only lost one, a child with perforative appendicitis who died of a double pneumonia six days after the operation.

There certainly is a time in the history of every case of appendicitis when the infection is limited to that organ and when its removal could be easily and safely accomplished. That is the time which should be urged upon the patient as the very best time for him (or her) to have his appendix out. Of course it may happen that the physician is not called upon till after that precious moment has passed, and can not therefore be blamed nor censure himself for jeopardizing the patient's chances for recovery. But he can do the next best thing, which is to operate at the very earliest moment possible, with the assurance that a quick laparotomy will in no wise increase the risk to his patient.

B. Van S.

Living Crystals.

Dr. Otto von Schrön, professor of pathological anatomy in the University of Naples, has shown that living matter takes crystaline form while still living, and obeys many of the laws and properties of inorganic crystallization. He believes that crystallization is a manifestation of life. The first crystals to attract his attention were those of the Asiatic cholera bacillus, since which other bacteria were examined and the fact disclosed that each bacillus develops a crystal peculiar to itself, and by which it may be identified. On the death of the bacilli these crystals become the inorganic crystals which we know. These crystals thus become, according to Schrön's theory, the bridge between living and dead matter.

M.F.P.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

The Treatment of Gastric Neurasthenia and Allied Conditions.

BY

GEORGE W. M'CASKEY, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind..

With the marvelous evolution of the clinical application of test-tube and microscope to the diagnosis of disease there has been on the part of a large proportion of the medical profession, a tendency to ignore or at least minimize certain other more or less intangible features, the importance of which is beyond dispute. I do not say this with a view of disparaging the use of these appliances as aids in diagnosis. On the contrary, they are entirely indispensable, the only point being that they should not occupy the entire line of our mental horizon.

Among the obscure conditions which cannot be directly illuminated in the laboratory may be mentioned disorders of gastric function the result of nervous perturbation. One of the most frequently encountered and most important is gastric neurasthenia. To Leube is usually assigned the credit of first directing attention to dyspepsia of nervous origin, in 1879. It appears to me, however, that it is extremely doubtful if the credit should not go instead to our countryman, Dr. Beard. His book on neurasthenia was published in 1880, and in it he says, "In cases, not a few, nervous dyspepsia is the first noticeable symptom of nervous exhaustion—the earliest sign that the body is giving away; and for years the stomach may be functionally disordered before brain, or spinal cord, or other parts or organs show signs of yielding. The true philosophy is, that nervous dyspepsia is a symptom of the same general pathological condition as all orders of symptoms here noted, and it may follow or accompany as well as lead this multitudinous army." But for several years prior to this Beard had been writing on this subject. At any rate, for a quarter of a

*Electrical Reactions of the Gastro-Intestinal Musculature. Read before the American Gastro-Enterological Association, May, 1902. Published in the Medical Record, July 26, 1902.

century disturbances of this type have been more or less fully recognized by the leading practitioners and writers upon these subjects.

The integrity of the function of the stomach is based upon a threefold series of facts: proper innervation, adequate motility, and a secretion qualitatively and quantitatively adequate for its specific work. To these might be added a vascular supply of suitable volume and tension both for nutritional and secretory purposes.

The proper innervation of the stomach occupies an absolute y paramount position and controls both secretion and motility completely. The condition which we call neurasthenia is probably no different in the stomach from what it is elsewhere, and may be an inherent weakness either hereditary or acquired, or perhaps in a measure to both. The anatomic basis of this condition has up to this time eluded our research. That some ultimate essential changes entirely outside of the pale of our present means of observation do really exist appears to me indubitable. By reason of this change which may exist in the cytoplasm or other ultimate elements of the nerve-cell or its communicating and transmitting prolongations known as nerve-fibers the nerve-cell is deficient in functional power. As the dynamic force of the nerve-cell is undoubtedly the result of chemical change in its interior, it is safe to say that there is a disturbance in its internal metabolism. The toxins and other retrogade metamorphic products must find their way to the surface of the cell before they can be taken care of by the machinery of elimination; and it is very probable that a surcharging of the cell-substance with these retrograde products, which the cell for some histologic or histogenet reason is unable to expel, is responsible in a large measure for the complex phenomena known as neurasthenia in whatever domain of the nervous system it may be exhibited.

So far as the stomach is concerned, it is not possible in many cases to determine positively the precise nature of the morbid change which gives rise to the symptom complex, or even to determine whether it is within the stomach wall itself or in one of the higher segments of the nervous system. In a few cases which belong to the group of gastric neurasthenias, changes have been demonstrated microscopically in the plexuses of Meissner and Auerbach; and it is probable that similar changes would be found in many cases of neurasthenia, whether gastric, spinal or cere-

bral, if sufficiently exhaustive research was carried out. Pathologically, such cases are more than neurasthenia. In other cases we appear justified upon clinical ground to conclude that the nervous disturbances of the stomach are directly connected with attacks of emotional instability, while in others they follow upon intense mental application. The results of these methods of overstrain or overtaxation of the brain may not be primarily manifested in that organ, or even manifested there at all, but simply lead to profound alteration of stomach function undoubtedly dependent, in the first instance, upon defective or perverted innervation, but also including as a consequence imperfect secretion and motility with all their attendant symptomatic phenomena. Many cases of this type have fallen under my own observation.

The therapeutic problems which confront us in dealing with these nervous disorders of the stomach are of the most difficult character. There is an old adage that 'all signs fail in dry weather," and one might parallel it by remarking that all therapeutic indications are apt to disappoint us and require modification again and again in dealing with these cases. To begin with, there is indicated the general management of the neurasthenic even though the symptoms may be absolutely, or at least substantially, limited to the stomach. In spite of the fact that the patient's only complaint is gastric distress due to defective function, we must reckon with the state of the nervous system which underlies it. Upon this phase of the subject it would be irrevalent to enter at this time; and it is only necessary to remark that there is the same inherent caprice and bizarre tendencies in cases of neurasthenia rather strictly localized in the stomach that we find in cases of neurasthenia of more general character.

The treatment hinges, of course, upon the precise diagnosis, and this involves a careful and often repeated study of gastric function under varying conditions. One of the peculiarities of nervous disturbance of the stomach is the wide fluctuation in the amount of free hydrochloric acid, which may vary in the same case anywhere from hyperacidity to anacidity. Such fluctuations in the quantity of free hydrochloric acid must be regarded as one of the most reliable signs of the condition we are considering. If a patient chances to have no free hydrochloric acid on a single examination, and atrophy of the gastric glands is suspected, and by subjecting the gastric juice to the proper test a normal amount of ferments is present, the suspicion becomes very strong that the

diminished hydrochloric acid secretion is at least in part of a neurotic origin. Motility also should be carefully studied under varying conditions and will be found to fluctuate as widely as secretion itself. Having determined, however, that the neurotic features are the prominent factors of the case, the diagnosis is by no means complete. For either primarily or secondarily, as the result of continued disturbance in gastric function, we have varying grades of associated gastritis. If these are severe, as they sometimes are, they make the case unusually difficult, as these patients are very apt to be intolerant of local treatment. They are, indeed, very apt to be made worse by indiscriminate lavage. Local treatment, however, of some character is beneficial in a large proportion of cases associated with gastritis, and, indeed, some forms of local treatment (as electricity) are of advantage when no inflammatory process can be demonstrated. In cases in which there is no débris in the fasting stomach lavage is not rationally indicated, and its use is reprehensible, especially if continued for any great length of time. A number of cases have come under my observation in which general practitioners have resorted to routine lavage simply because the patient complained of stomach disturbances, which were beyond doubt aggravated by the treatment, and which began to improve as soon as the treatment was stopped.

Electricity, and especially faradism in some of its various modified forms of application, is of great service in many cases of this class. The use of one intragastric electrode, the other being applied over the dorsal and epigastric region alternately, is o great benefit when there is defective motility, providing the introduction of the electrode does not give rise to too profound agitation of the nervous system of the patient. This, however, somet mes happens, and I have been occasionally forced to conclude that even though local treatment was indicated, whether it would be lavage or the use of the intragastric electrodes, more harm than good came of it, and other methods were substituted. The percutaneous method with one electrode over the stomach and the other over the dorsal region at the stomach level is an effective method of faradizing the stomach. It has been the habit of some textbook and other writers who undervalue electricity as a therapeutic agent to claim that electricity thus applied, does not, in fact, penetrate the stomach at all. I think I have demonstrated beyond successful contention by experiments on animals that currents thus applied do penetrate the stomach without a doubt.*

If it is true in animals, it undoubtedly is in the human subject, and we may be perfectly confident that faradism thus applied will give us the legitimate therapeutic results of this form of electrical treatment in the stomach. This means, in my opinion and in accordance with my experience, an improvement in nutrition, tonicity, and secretion of the organ. It does not mean a direct visible or palpable contraction of the stomach muscle as an immediate response to the application of the faradic current. This, however, is only one way in which electricity produces its therapeutic results. It seems to me fairly well established that, independently of such visible contractions and in tissues where such contractions could not take place, there are catabolic influences and changes of some sort, the occurrence of which means a betterment of the local conditions.

Hydrotherapy is very beneficial in some cases. The method which I most commonly employ is the alternate application of the hot and cold spray or douche, at first limited to the abdomen, but later, if well borne, extending it over the entire body, finally applying the water hot enough and long enough to produce a deep color of the entire skin, followed by a similar application of cold water. It is rarely borne to advantage when given in the rather vigorous manner last indicated, and in many cases such treatments have to be very mild owing to the extreme irritability of the nervous system, while in others they are not borne at all. These are, however, very few; and it will be found that some mild form of hydriatic treatment will be borne in nearly all cases and will have a distinctly beneficial effect. Hot spinal compresses applied until the entire region of the spinal column is a deep red, then rubbing the same area with a piece of ice or a sponge wrung out of cold water, is excellent treatment in properly selected cases.

The diet of such patients is one of the most difficult problems to solve, and no general rules can be given; but the question must be worked out with each case, and will depend upon the relative involvement of motility and secretion, the irritability of the nervous system both local and general, and, of the greatest importance, the idiosyncrasies of the patient, which are extremely numerous and strongly marked in the group of patients under consideration. Above all, it must be remembered that a diet which is as nearly adapted to a particular case as it is possible to make it may suddenly and without apparent cause throw everything into "most admired disorder." This is, of course, the result of sudden

disturbances on the part of the nervous system, characteristic of neurasthenic cases and often not depending at all upon any assginable cause. Frequently, however, close inquiry will reveal the hidden source in the form of some little business or domestic infelicity, which under normal conditions would be waved aside with a simple motion of the hand, but which with the nervous constitution presented is sufficient to produce most appalling results.

In general, it may be said that the diet must be amply nutritious, and frequent examination of the urine should leave no doubt that the nitrogen balance is being maintained. These patients cannot do well with a urea excretion of six or seven grams in 24 hours, or even five or three, as I have sometimes found. If digestion and appetite cannot by any possibility be improved in such cases, it is tantamount to saying that they are entirely hopeless, and, of course, it must be admitted that some of them are.

Furthermore, the food, while nutritious, should all be of the blandest and simplest character, and prepared in such a manner as will give the least amount of labor to the weakened organ. Broiled or roasted meats, fish, eggs, well-cooked vegetables, or stale bread and butter (providing the butter is like Cæsar's wife—above suspicion), milk, if well borne, in very moderate amounts, as over-distension of such a stomach with liquid food is irrational in the highest degree, represent the sort of diet that has been found most useful in my experience. Of course, it is susceptible of wide variations along the same lines. Among the prohibited articles I would mention condiments of all sorts, large amounts of salt or pepper, organic acids, and fried foods of any kind whatsoever. Organic acids seem equally harmful, whether the tendency of hydrochloric acid secretion be high or low; and it is probably superfluous to remark that the frying-pan should be summarily and forever ejected from every well-regulated kitchen.

The drug treatment of these cases is, in accordance with my experience of very subordinate value. Were it not for the local irritant effects, the bromides would be temporarily useful in cases of marked erethism of the nervous system. They may be tried in small doses, say five or ten grains, well diluted, and not given when the stomach is empty, as their local irritant effect more than counteracts the general sedation. When they are strongly indicated, they can be given in somewhat larger doses by rectal injection, but this is rarely required. A single large dose of bismuth subnitrate on an empty stomach at bedtime is often useful.

As a matter of course, associated conditions, such as anemia, constipation, cardiac atony, and the like, must have suitable atten-

tion; but this, as well as many other such questions, comes within the range of the general therapeutics of neurasthenia, which it is not my purpose at present to discuss. Finally, in dealing with cases of this sort, it is essential that one should have an intelligent conception of the conditions that confront him and the sort of "cure" which can reasonably be expected in favorable cases. It must be borne in mind that we are dealing with a nervous system with a hereditary or acquired defect (or perhaps both) which is an integral part of its constitution, and can rarely, if ever, be entirely eliminated. Under favorable conditions, however, and with rational management, many patients, and perhaps the majority of them, can be made practically well, and, what is more important, can remain so if they have a full understanding of their condition and the limitations of their capacity for work. It is not, of course, possible for all patients to control their environments or limit their endeavors within the line of safety. Such patients, whether impelled by necessity or fatuous folly, will almost certainly have relapses again and again, and very possibly become disheartened with the contest and drift into permanent invalidism. Whether this occurs or not will depend upon the perseverance and tact of both the patient and the physician. With skill and tact and ample knowledge and experience on the part of the latter such a result could be prevented in many cases in which it occurs. It is therefore important that both patient and physician should understand that a "cure" is relative in character, and that in the severer types of cases the possibility of repeated recurrence will hang over the patient like the sword of Damocles, and will require eternal vigilance as the price of freedom from such attacks

---

*Surgical Aspects of Tuberculosis.**

BY

J. C. FLEMING, M. D.
Elkhart, Ind.

In a subject so extensive, it is obviously impossible to go into detail much regarding any particular phase of it, without trespassing on your patience. So I shall not attempt to consider the etiology, symptomatology, or pathology of tubercular diseases, but shall endeavor only to direct your attention, in a general way, to some of the factors in the treatment of surgical tubercular conditions. When one begins to study this question of tuberculosis, he

---

*Read before the Noble County Medical Society, September 6, 1904.

is impressed forcibly by the fact that all tubercular lesions, regardless of their location, have certain common characteristics.

1. They tend to attack persons and tissus of lowered physiological resistance, i.e. the pulmonary tuberculosis following measles and whooping cough in children, and the tubercular joint affections following injuries to the joints. In this connection let me emphasize the importance of proper care and watchfulness in all joint injuries. It is not enough to prescribe a liniment, and to tell the patient that he had better not walk much for a few days. These cases of traumatic arthritis should be bandaged and kept absolutely at rest until all signs of effusion into the joint and all pain has disappeared, and then they should be warned and watched for a recurrence of any trouble in the joint.

2. If placed under favorable conditions, tubercular lesions tend to heal or cure themselves. Under favorable conditions are included; (1) absolute rest for affected tissue, (2) an increase of the vitality of the patient by fresh air, tonic, good food, etc. The truth of this statement is well evidenced by the fact that the mortality of tuberculosis has been reduced 50% in the last ten years, as a result attained largely by the recognition of the importance of fresh air, nourishing food, and rest in these cases.

3. The third characteristic of these lesions is their great tendency to recur or become generalized. Billroth found that 54% of those who die from tubercular joint diseases showed post-mortem findings of general miliary tuberculosis. Koenig treated 615 cases of tuberculosis of the knee joint in various ways, and in following up the histories of these cases he found that 9 died and in those in which suppuration occurred, 2 died. Ridlon says that 8% of tubercular joint cases die of tubercular meningitis. These characteristics of tubercular lesions are mentioned because of the bearing they have upon the selection of the method of treatment in a given case.

Tuberculosis of the skin may be divided into—

1. Tuberculosis verrucoses cutis, or verruca mecrogenica, the so-called anatomatical wart, which is usually due to direct inoculation of tubercle bacilli from handling dead bodies. The lesions consist of one or more pea-sized warts, usually pigmented and fissured and generally located on the knuckles or back of the hands.

2. Tuberculosis cutis orificialis, which is usually located at the mouth, nose or arms, and is due either to the extension of the disease from the mucous membrane, or to infection from a con-

taminated discharge, as from the sputum in pulmonary tuberculosis. The lesion consists of a superficial ulcer in the base of which can usually be seen miliary tubercles.

3. Lupus vulgaris. The clinical picture of lupus vulgaris varies greatly, depending on whether ulceration, infiltration or proliferation of tissue predominates, but in the main it consists of multiple discrete, brownish nodules or tubercles, which slowly ulcerate and cicatrize giving rise to unsightly scar tissue, the entire lesion showing a tendency to advance peripherally.

4. Tuberculosis disseminata. This form includes those rare forms of tuberculosis which show a general cutaneous distribution.

Treatment.—Those of you who have seen these cases of skin tuberculosis operated again and again by able surgeons, and have seen them recur after the apparently most thorough excision and progress with the formation of ugly scars and terrible disfiguration, and those of you who have seen this same class of cases heal as if by magic after a few exposures to the x-rays and the healing accompanied by comparatively little scarring must admit that the x-ray treatment is *the* treatment for tuberculosis of the skin. Finsen's ultra-voilet ray are said to accomplish almost equally good results.

If these methods fail and if the infected area is small, excision followed by a Thiersch skin graft is to be recommended, but after this method of treatment recurrences are common and the disease is usually too extensive for this treatment to be practicable. There we must attempt the destruction of the infected tissue by the curette, followed by light applications of cautery and dressings of iodoform gauze. After healthy granulations have begun to spring up, the surface should be covered by Thiersch's skin grafts. The entire thickness of the diseased skin is sometimes dissected away and replaced by a so-called Krause graft.

Tuberculosis of Glands.—As a type of this affection we will consider tubercular glands of the neck as they are by far most frequent and most important in this location. As our time is limited, let us briefly summarize the important points under this subject, as follows:—

1. An enlargement due to simple hyperplasia of the lymph glands not tubercular, but showing a tendency to become tubercular, exists in the large majority of children and young adults. Laser, who examined 1216 school children, found enlargement of the cer-

vical glands in 89% of them. This simple hyperplasia is due to chronic inflammatory conditions in the regions drained by the infected lymphatics, i.e. enlarged tonsils, carious teeth, nasal catarrh and eczema of the face and scalp, are often the cause.

2. These glands, the seat of simple hyperplasia, are liable to become tubercular at any time and it is impossible to differentiate the tubercular gland in its early stages from the simple hyperplastic gland.

3. The tubercular gland as it progresses, tends to become much larger, to extend beyond the capsule and to become adherent to neighboring tissues, and to caseate, soften and form abcesses and fistulæ.

4. The indications for surgical interference are when the glands increase in size in spite of prolonged, continuous general treatment, or when abcesses or sinuses form. The surgical treatment consists of incision and curettement and excision.

Incision and curettement is indicated where the disease is limited to one or two glands which have already suppurated. These should be incised freely, curretted thoroughly, and packed with iodoform gauze and allowed to heal from the bottom. Simple incision is not sufficient because the gland which is the seat of abcess is often below the fascia, and if it is not opened up thoroughly and curretted, a troublesome sinus is liable to persist.

Complete excision is indicated, secondly, when incision and curretting have failed and primarily when the entire chain of cervical lymphatics is involved. Cases treated by any method less than complete excision are prone to recur, and therefore it is better in cases which do not respond to constitutional treatment to do the complete operation by an incision from the mastoid to the clavicle, dividing the sterno mastoid if necessary, and dissecting out completely the deep and superficial lymphatic glands of the neck. Even then the percentage of permanent cures is only about 70%, and about 50% after the less complete operations.

Tuberculosis of Joints.—When I left college there was no subject in surgery concerning which I was more at sea than that of the proper treatment of tubercular joint diseases. I had heard able, general surgeons dwell upon the importance of early and radical operations and I had heard able orthoepedic specialists insist that the general surgeons were wrong in this contention, and that better results were obtained by conservative treatment. I did not know which to believe.

During my hospital service, I had the opportunity of watching cases that had been operated upon by these same able surgeons, and of seeing the majority of them suppurate, month after month, and finally develop general sepis, amyloid disease and die, or be compelled to submit to amputation. I also had the opportunity of seeing comparatively favorable results in the majority of cures after the conservative treatment of the orthoepedic surgeons, so that if there was one thing which was firmly impressed upon my mind when I left the hospital it was that I should never operate on a tubercular joint, unless thorough conservative treatment had failed. It is interesting to note that judging from the tenor of most modern text books, that the general surgeons have, after controversy extending over fifteen or twenty years, finally reached the conclusion that the orthoepedic surgeons had the best of the argument, and that the conservative treatment is the proper treatment for the large majority of tubercular joints; the only contra-indications for its use being (1) extreme age; (2) extensive destruction of the joint; (3) poor general condition due to the prolonged suppuration.

Conservative Treatment.—It is impossible within the limits of this paper to do more than simply call your attention to the general principles of the conservative treatment. They are:—

1. Overcome the deformity, if slight, by anæsthetic and manipulation; if marked by continuous extension.

2. Place the joint at absolute rest, either by plaster of paris, or by one of the various metallic splints, and continue the immobilization until the tubercular process is completely healed. It is best to confine the patient to bed, preferably out of doors as long as fever exists.

3. Improve the patient's general health by tonics, fresh air and nourishing food, etc.

4. After the tubercular process is completely healed, endeavor to restore the function of the joint by passive motion, hydrotherapy, etc.

The Iodoform Treatment.—The injection of a 10% solution of iodoform into glycerin in the affected joint often gives good results. This treatment has its greatest utility in tuberculosis of the elbow and knee joints, especially the former. It should be done under the most perfect aseptic precautions, and if good results are not obtained after four or five injections at intervals of ten to fourteen days, it should be discontinued.

Bier's congestion hyperæmia, a plan of treatment used considerably in Germany, but very little in this country, consists in the application of a rubber bandage over the affected joint just tight enough to impede the venous circulation and a flannel bandage below the joint, leaving the joint free, so as to limit the swelling to the joint, with a view of hastening the reparative process. It is obvious that this plan of treatment would be safe only under the most careful and constant observation on account of the danger of gangrene, and it is evidently not to be recommended.

The operative treatment of tubercular joints includes:—

1. Partial operations—as incision of abcesses, splitting of fistula, exposing and curretting of extra-articular foci.

2. Arthrectomy.

3. Resection.

Partial operations are especially indicated when the disease process is largely extra-capsular and the operation can be done without opening the joint cavity. This condition is quite frequently met in the elbow where the disease is often limited to one or the other condyle.

Arthrectomy consists in the removal simply of the capsule of the joint and is indicated largely in children under 15 years of age where one would hesitate to do a resection on account of interfering with the growth of the bone.

Resection consists in the complete removal of all tubercular material, including the adjoining ends of both bones. It is the ideal operation where conservative methods fail, and amputation is not indicated.

Indications for the various procedures:—

Conservative treatment should be used in all cases except where (1) extreme age, (2) extensive destruction of the joint with or without fistula, (3) poor general condition due to prolonged suppuration, contra-indicate its use.

Operative treatment is indicated (1) where conservative treatment has been tried faithfully and failed, (2) where the tubercular process is entirely extra-capsular and the focus can be removed without opening the joint, (3) where there is extensive destruction of the joint with fistula formation and loss of the patient's vitality. In these cases in children, arthrectomy and in adults resection is indicated. (4) Where there is marked contractures, which cannot be corrected by anæsthesia or extension.

Amputation is indicated, (1) in cases of great weakness due to

prolonged suppuration or amyloid disease, (2) progressive infiltration of the shaft of the bone, (3) old age.

Tuberculosis of Bone.—Tubercular processes in bone, usually occur near the epiphysis, and may or may not be associated with joint disease. The diseases may be primary in the bone and joint or may be primary in the joint and perforate into the bone.

Primary tuberculosis of the shaft of the long bones is extremely rare. The treatment consists in free exposure and thorough removal of the infected tissue by the chisel and curette and packing the wound with iodoform gauze, allowing it to granulate from the bottom. If the disease is too extensive, amputation may be necessary.

Fenger, after a careful review of all the literature on tubercular peritonitis, three years ago, frankly admitted that it was almost impossible to draw any conclusion from the mass of conflicting evidence as to the benefit of laparatomy in tubercular peritonitis, and in concluding his article he appears to favor the view of Borchgrevink, who claims that those cases which recover after operation would have recovered spontaneously.

Most authorities, however, are agreed that laparotomy in the serous variety with ascites, is of benefit, less so in the adhesive form, and positively harmful in the ulcerative form.

The percentage of permanent cures, i.e. cases remaining well over five years after operation, is 40% to 50% in the ascitic form and in the adhesive form 25%.

The technique consists in opening the abdomen, allowing the fluid to drain away and closing it with or without gauze drainage. It is not advisable to separate adhesions or to resect any of the intestine, on account of the extreme friability of the intestinal wall.

In conclusion allow me to briefly summmarize as follows:—

1. The value of the x-rays in skin tuberculosis.

2. The frequency of enlarged cervical glands not necessarily tubercular in children, and young adults.

3. The importance of complete removal of both superficial and deep chains of lymphatic glands of the neck if they be infected with tuberculosis.

4. The importance of the conservative treatment in the joints.

5. The value of laparotomy in tubercular peritonitis is not absolutely proven, but it is advisable in the light of our present knowledge to resort to it in the ascitic form.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.—Meeting of August 30th.

Society called to order by President Morgan with thirty-two members and guests present. The paper of the evening was read by Dr. S. E. Menser, the title being "Chronic Parenchymatous Nephritis." The essayist said that a great deal of confusion occurs on account of authors including various forms of chronic nephritis under the one name parenchymatous nephritis. The disease involves all of the tissue elements of the kidneys and presents post mortem histologic evidences of all stages of lesions from recent inflammations to atrophy and contraction, all these changes often being found in the same kidney. The changes are of an inflammatory character usually, beginning with fatty degeneration of the epithelial cells which break down and aid in the formation of casts. Fibrous hyperplasia and cicatricial contraction occurs as a result of the growth of connective tissue in the stroma of the cortex, epithelial changes, and interstitial white infiltration. The disease is met with in all ages and in both sexes, though most frequently in the middle aged and in the male. Cause is usually obscure, especially when its origin is insidious and the date of its commencement unknown. Rarely it takes its rise from acute nephritis. Early symptoms of the trouble are declining strength, poor appetite, enemia, and dullness of the mind. Not until oedema appears about the eyelids and ankles is advice usually sought and the real nature of the case made apparent. The dropsy varies in degree from slight oedema of the face, hands or feet, to general anasarca and dropsy of the serous cavities. The amount of dropsy present is determined by the rapidity of the morbid process, and this symptom is apt to lessen toward the termination of a very protracted case when the kidneys become atrophic. Indigestion, headaches and neuralgia are accounted for in a large measure by the anemia which is a conspicuous symptom. Examination of the urine discloses urates, epithelium, casts, white blood cells, and detritis. The casts are first hyaline, and later become granular. Albumen is always present but not always in large quantities, and fluctuates in amount with the variations of the specific gravity.

Uremic attacks are not pronounced or frequent. The heart is less often affected than in acute nephritis, and inflammation of the lungs and serous membranes are common complications. Albumenuric retinitis is a quite frequent complication, but as a rule occurs in the later periods of the disease. The progress of the affection varies, there oftentimes being decided omissions, though the tendency is steadily forward toward a fatal end. Diagnosis is generally difficult only when symptoms are incomplete, as in the contracted kidney, or the disease is complicated by amyloid infiltration. Early and frequent examination of the urine is necessary in order to make a satisfactory diagnosis. Prognosis though decidedly unfavorable is not entirely hopeless, as some cases have recovered sufficiently so that the patient remains in practically good health for a great many years. Prognosis is most favorable in those cases in which the symptoms have followed each other rapidly, leading to early diagnosis of the disease, and the degree in which the morbid changes are responsible for the symptoms. Cases which have persisted for more than one year rarely recover. In children the disease has even persisted for two years and the symptoms disappear and recovery take place. Death is caused either by great effusion, with oedema of the lungs, by uremia, or by secondary involvement of the serous membranes. Pneumonia as a complication is usually fatal. In the treatment of the affection no remedies so far as known control directly the morbid changes going on in the kidneys. Indications are for treatment: First, rest of the excretory function of the kidneys by throwing more of the burden of elimination upon the skin and the bowels. Second, to meet symptoms as they arise. Careful diet is always an adjunct in successful treatment. An exclusive milk diet carefully carried out is of the most benefit. When the urine is scarce and impregnated with much sediment, distilled water is to be recommended and drunk in considerable quantities. All exercises are to be avoided. A climate not subject to sudden and decided changes is of benefit to patients. Diaphoresis is frequently indicated and can be effected by warm air, hot drinks, hot blankets, or the administration of pilocarpine. If the accumulation of fluid is excessive purgation will be necessary, though this should be used with caution because of the danger of implicating the mucous membrane of the intestinal canal. Diuresis is best effected by imbibition of fluids. The infusion of digitalis, notwithstanding the theoretical contraindication is often very serviceable in exciting free diuresis, especially when

combined with acetate or bitartrate of potassium. If there be great distension of the cavities with fluid and increasing difficulty of breathing, the fluids may be withdrawn by means of an aspirator. Iron for the anemia is always serviceable.

In discussing the paper Dr. B. P. Weaver called attention to many of the varying pathological lesions presented and particularly the alteration in the arteries. He also recommended the administration of five minim doses of aconite to increase the urea and lower the blood tension. He also called attention to a feature in the prognosis, as given by Lyons, the essence of which is that if the knee jerk is increased prognosis is more grave than if decreased. He also spoke of renal decapsulization as practiced by some surgeons, and said that the history of these operated cases had not continued long enough to enable us to form any definite conclusions as to its value.

Dr. K. K. Wheelock said that pilocarpine to produce elimination is a dangerous remedy except in experienced hands, and in chronic nephritis should be employed with unusual caution because of its well known depressing effect upon the heart, emesis, and possibility of producing hemorrhage, particularly of the intraocular variety.

Dr. G. W. McCaskey said that all forms of nephritis are a result of noxious material circulating in the blood. A diagnostic point of importance is that if the freezing point of the blood is markedly lowered we can be assured that renal function is decidedly impaired. There have been many erroneous impressions regarding the deleterious effects of food. While rich foods, condiments and spiritous wines and liquors should be cut out of the diet, yet the patient should not be starved, but be liberally fed. He thought beef steak should enter largely into the diet.

Dr. E. J. McOscar said that treatment in these cases resolves itself into an effort to maintain the kidney function and, therefore, those things in the diet or life of the patient which have a tendency to alter kidney function should be eliminated as much as possible. The eliminative functions of all organs of the body should be carefully watched for variations, and in doing this the patient will receive the best attention.

Dr. C. E. Barnett said that the reason that decapsulization has not shown up better was because the operation was resorted to after all other means had failed. He believed that if the operation

is performed earlier in the history of the affection more favorable results will be reported.

Dr. S. H. Havice said that too many physicians are in the habit of giving a prognosis upon the percentage of albumen present, while as a matter of fact the percentage of albumen is not an indicator of the amount of pathological change in the kidneys. Some cases in which the urine shows a very large percentage of albumen offer a more favorable prognosis than some cases showing a small percentage of albumen.

Dr. L. P. Drayer said that chronic paranchymatous nephritis often follows acute nephritis, and that if the patient suffering from the latter affection be given proper attention he can be spared the onset of the chronic type which leads to invalidism and very early death. In judging a case the clinical evidence is always the best to rely upon. He does not believe in many of the forms of diet recommended for this affection, but thinks that a liberal but plain diet should be followed. Of all drugs iron is the best.

Dr. B. Van Sweringen said that he had never seen any benefit from the pure milk diet and had, therefore, concluded to give his patients a liberal diet but one easily assimilated.

Dr. A. P. Buchman said that successful treatment of these cases was in treating the patient rather than the kidney. More indications for treatment will be found in the symptoms presented by the patient than by the quantity of albumen or number of casts found in the urine.

Dr. M. F. Porter said that obstruction of the biliary tract is one of the most fruitful sources of kidney lesions of all kinds, not excepting chronic parenchymatous nephritis. He said that he had seen seven deaths of kidney inefficiency following operation on the biliary tract. He condemned the use of pilocarpine as fraught with much danger.

"Some Reminiscences of Medical Practice" was the title of a very interesting paper presented by Dr. Horace E. Adams. The essayist said that his medical career began during the war, in Libby prison, in 1861. He graphically described the suffering of some of the prisoners from diseases in the main directly due to insufficient food, clothing and proper hygienic conditions. The methods resorted to in treatment were mentioned. Actual practice of medicine began at Woodburn in 1873 and he has continually practiced in that county ever since. The paper was replete with

descriptions of amusing occurrences that have occurred in thirty years of general practice. The paper was not discussed.

The Board of Censors reported favorably upon the application of Dr. Breuggemann and on motion he was elected to membership in the Society. The Board of Censors also reported favorably upon the application of Dr. J. W. McCausland, but the president ruled that inasmuch as the application was not accompanied by the customary fee it could not be voted upon by the Society. Dr. M. F. Porter made some remarks in which he said that he thought that perhaps the Society was dodging the issue, and that as other applications had been voted on without the accompanying fee he thought that the application of Dr. McCausland should be treated likewise. He appealed from the decision of the chair and on motion the appeal was sustained. On motion the Society acted upon the application by ballot with the result that the application was unanimously rejected.

On motion Dr. D. B. Taylor was granted a withdrawal card.

The bill of the secretary for $8.10 for stamps and postal cards was allowed.

Adjourned. J. C. Wallace, Secretary.

NEWS NOTES *and* COMMENTS

Physicians' Fees from Rich Patients.

With regard to the enormous fees sometimes charged for attendance on wealthy people, to which so much exception is taken by persons who have nothing whatever to do with the matter, we can see no good reason for finding fault with them. Suppose the patient is a millionaire, who spends hundreds of thousands yearly on the mere pleasures and luxuries of life, and who cannot possibly get more out of existence than he does. When illness attacks him all the delight of life vanishes and his money is powerless to help him. With death staring him in the face he would gladly give half his wealth to any one whose skill could avert death and restore him to health; but no physician drives such a bargain with him in his dire extremity; and, after all, the largest bill ever yet sent in is small compared to what the patient would pay to a lawyer for gaining a suit, or expend on one or other of his costly pleasures when he is in health. To the honor of the profession, be it said, there are very few instances on record of large fees being charged to those whom the doctor knew to be in such circumstances that it would be difficult for them to pay them; while hundreds of instances are known of the most generous treatment of patients in poor circumstances by men who are in the habit of receiving large sums for everything they do.—Charleston (S. C.) News and Courier.

A Physician in the President's Cabinet.

At the recent meeting of the American Medical Association a movement was started having as its ultimate object the formation of a national department of health represented by a physician at its head who shall be a member of the president's cabinet. While this subject has met with considerable discussion during the past few years, chiefly in medical journals, yet the movement at Atlantic City is the first advanced action taken by any considerable body of medical men with reference to the matter. There can be no doubt that a national department of public health would prove of inestimable value to the country. Matters of public health and legislation affecting the country as a whole would be more intelli-

gently administered by reason of the presence of a skilled adviser in the cabinet of the president. Questions of public sanitation, hygiene, the adulteration of foods and drugs, and the collection of vital statistics would all properly come under the control of such a department. It is hoped that the proposition will receive substantial encouragement to the end that in the early future a national department of public health may be created.

Hygiene of Cigar Smoking.

J. Bamberger (*Munchener Medicinische, Wochenschrift*) says that most cases of nicotine poisoning occur in wet smokers or those who hold the cigar in their lips or chew the end of it until it has become thoroughly saturated with saliva. The saliva dissolves out of the tobacco many harmful substances which help to produce tobacco poisoning. Smokers should be warned to keep their cigars dry and to take them out of the mouth between whiffs. Certain iron salts will hold in combination the basis of tobacco smoke. Cotton impregnated with ferric chloride is an efficient filter for this purpose. It holds back over 70% of the nicotine in its base and over 86% of the ammonia. A tampon of cotton dipped in ferric chloride applied to the tip of the cigar will thus afford sufficient guard against tobacco poisoning. It is even reported that it improves the flavor of a cheap cigar, making the flavor more like that of genuine Havana tobacco on account of the effacement of so much of the nicotine and of the rank smelling chemicals in the cheap tobacco.

The Danger of Warts Becoming Malignant.

In a paper upon this subject read before the American Medical Association at Atlantic City, Dr. W. W. Keen emphasized the danger of not removing warts and moles and sometimes nevi lest they become malignant. He reports twenty-five cases of such malignant degeneration, twelve occurring in his own practice and thirteen in the practice of medical friends. He says that while the great majority of such growths never undergo malignant degeneration, yet one can never tell which will and which will not become malignant, and therefore it is of the utmost importance, unless circumstances render it inadvisable, that these growths be removed before a malignant change occurs. The ordinary warts which are so common on the hands of children and which as a rule disappear as the child grows older, are not considered, but it is those which

remain and which involve a permanent possible danger which are taken into consideration. In consequence of injury or repeated and long continued irritation, as from the friction of the clothing, scratching on account of itching, or in other cases without any assignable cause they begin to increase in size. This may not occur for months or very likely years, but the moment an increase of size is noted it is safe to assume that the growths are malignant and should be treated as such. In view of the possibility of malignancy Dr. Keen advocates total thorough excision before these growths begin to increase in size, for when they begin to grow they are already as a rule malignant.

Mistuh Skeeter.

Go 'way Mistuh Skeeter! Don't you sing dat song to me!
I's huyhd about you doins, you's as tough as you kin be.
You's been aroun' a-lunchin' on malaria an' things
Till you's jes' about as danjus as a rattlesnake wif wings.
I didn't use to min' you when you come a-browsin' 'roun'
Case I knowed a slap 'ud send you tumblin' senseless to de groun'.
But since I huyhd dem white folks I's as skaht as I kin be.
Go 'way, Mistuh Skeeter! Don't you sing dat song to me.

—*Washington Star.*

Dr. Osler Goes to Oxford University.

Dr. William Osler, so long connected with the Johns Hopkins University, and recognized as one of the leading scientists of the world, annouces that he is soon to leave the United States for the purpose of assuming the regius professorship of medicine in Oxford University. It is the general belief in the profession in Baltimore that Dr. W. S. Thayer will succeed Dr. Osler at the Johns Hopkins medical school.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Glioma of the Brain.

Howard Southard gives the following conclusions in a case of "Glioma of the Brain."

A new growth at the base of the cranium gives rise to somewhat characteristic symptoms ending in death after six years. The tumor gradually filled the interpeduncular space, giving rise in the lower optic apparatus to certain degenerations, a part of which are complete, a part still in process. The brain at large shows little reaction, save a subpial gliosis, perhaps incidental to the heightened intracranial tension.

The nature of the growth is in question. The oldest portion of the tumor (judging by the development of the fibirllæ) is in the locus of the posterior lobe of the pituitary gland, which lobe normally contains neuroglia cells developing fibrillæ. The rest of the tumor contains few demonstrable fibrillæ, and could scarcely be differentiated from a sarcoma. It is probably justifiable to classify the case as one of glioma developing in the posterior lobe of the pituitary body. We are not acquainted with previously reported cases of such tumors. Definite proof of the existence of this tumor type can only be brought when some fortunate case shall be dissected showing such a growth in the midst of, or patently growing from, an otherwise normal pituitary body.—*Amer. Jour. Med. Sciences.*

Neurasthenia and Its Treatment by Actinic Rays.

In all stages of uric acid and rheumatiod maladies a distinct reaction to treatment by electric or sunlight is obtained on the principle of oxidation. Profuse perspiration occurs. Several severe cases associated with marked nervous symptoms were entirely relieved. In neurasthenia and other debilitated conditions the best results were obtained, and in pulmonary tuberculosis marked improvement took place. The use of nascent ozone was added to the treatment to provide oxygen to suboxygenated tissues. The writer claims marked chemical changes from actinic

rays, which exist mainly in the ultra-violet zone of the spectrum. These actinic rays are derived from high power electric lights as well as the sun. Their value lies in decomposing and reconstructive action on the body tissues, much enhanced by generation of ozone. Their ultimate effect is one of oxidation, and consequently they increase the metabolic changes, thereby augmenting the natural processes of regeneration within the system. There is also a germicidal action.—*Jour. Ner. and Men. Dis.*

Etiology of Idiopathic Dilatation of Esophagus.

Pietrkowski, in *Archif v. Verdauungs-Krankheiten*, Berlin, says: The external causes of this condition may be manifold, such as "catching cold," inflammation of the mucosa from irritating foods, emotional disturbances, traumatism and infectious diseases. The internal cause is single and consists in disturbance in the finely balanced innervation equilibrium between the cardia and the lower third of the esophagus. This may be due to some primary exaggeration of the inervation of the cardia in a cardiospasm such as is liable to occur in emotions, chilling, trauma and inflammation. This enhanced nerve action in the cardia entails diminished reflex excitability in the lower third of the esophagus, and the muscle responds to the increased task by genuine hypertrophy. Another cause is the reverse, a primary weakness of the esophagus musculature, such as may be induced by infectious diseases or by traction from overexertion. This entails, to restore the balance, an increased tonicity in the cardia, which progressively increases by secondary irritations, as from clinging fragments of food or inflammation of the mucosa, until it becomes actual spasm and thus affords conditions for dilatation to occur. Radical cure seems to be possible only by operative intervention, stretching and functionally excluding the cardia, as Mikulicz has repeatedly done. Four cases are described in detail in which the clinical course of the affection could be clearly distinguished and the various phases followed with the radiography. In one affection, trauma and lifting heavy weights appeared in the anamnesis. In another drinking of large quantities of vinegar. In a third the spasm followed exposure to cold air, and was always accompanied by dyspnea. Relief was obtained only by eating something; as the patient remarked, "his stomach opened and let out the air," after which he felt better. In the fourth case the disturbances

followed a severe infectious sore throat. None of these patients was treated surgically. All were sufficiently improved by a strengthening fluid diet, effervescent powders (Brausepulver), bromids and validol or Ems water and hydrochloric acid in the last course. The diagnosis was based in large measure on the abnormal swallowing sounds, especially the intervals between the phases of swallowing ingested substances.—*Jour. A. M. A.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Cases Mistaken for Appendicitis.

A. E. Barker, F. R. C. S. (*British Medical Journal*) reports a series of cases which simulated acute appendicitis, and in which the true nature of the trouble was not ascertained until the operation. The cases were: (1) ruptured pyosalpinx; (2) ovarian cyst strangled by twisted pedicle; (3) twist and strangulation of omentum; (4) perforated gastric ulcer; (5) retrocæcal hernia; (6) broken down caseating glands; (7) ileocæcal cancer with abscess; (8) haematoma of broad ligament; (9) reduction of hernia en masse; (10) intussusception.

(I have made the same mistake once in a case of iliocæcal cancer, once in ovarian cyst with twisted pedicle, and once in a tubal abortion of the right side.—Ed.)

Intestinal Transplantation for the Formation of an Artificial Vagina.

Dr. J. F. Baldwin, of Columbus, suggests the transplantation of a portion of either the ileum or sigmoid for the formation of an artificial vagina in cases of congenital absence of the vagina and in cases of atresia. He has not done the operation but has satisfied himself that both the ileum and the sigmoid have sufficient slack to permit of their being used in this way. After the loop of gut is drawn down into the newly made vagina the loop thus drawn down is excised, the open ends turned in and

closed with sutures, thus creating the blind end of the new vagina and an anastomosis made between the remaining proximal and distal ends, which re-establishes the continuity of the intestinal canal. This makes a double vagina which can be made into one by the application of forceps to the septum after good circulatory connections have been established between the transplanted gut and the surrounding tissues. The operation gives promise of greater success than has been achieved by any procedure hitherto tried for the same purpose, but that many of the women suffering from this defect will be willing to accept the risk which the operation entails we very much doubt.

Transplantation of the Urethra of Animals.

J. Hogarth Bringle, M. B., F. R. C. S., of Glasgow, reports (*Annals of Surgery*, September, 1904) three cases of transplantation in man of segments of bullock's urethra. In all cases the grafts lived, but in one case there is a fistula at the anterior end of the implanted urethra which was joined to the natural. In the second case there was a minute fistula remaining when the patient died from the effects of a calculous pyelitis twenty days after the implantation. In both of these cases the implantation was made necessary by trauma. The third case was one of penile hypospadius. The first implantation failed largely on account of neglect of the patient. The second effort was successful save for a fistula at the peno-scrotal angle which was closed at a second operation. Thirteen, five and nine centimeters of urethra respectively were transplanted in these cases and in none was there extensive sloughing of the graft. The penis of a young bullock freshly killed was kept in a hot saline solution until the parts were prepared to receive the graft, when the urethra was excised, leaving a few alveroli of spongey tissue attached, and placed in its new bed. (This procedure certainly promises well in these exceedingly trying cases. Dr. K. K. Wheelock, of Fort Wayne, at a meeting of the Fort Wayne Medical Society, September 13th, 1904, in discussing a case of hypospadius, reported by the writer, suggested the advisability of transplantation of the urethras of animals in these cases.)

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

A New Form of Throat Infection Due to an Organism of the Oidium Group.

Oliver, in a recent number of the *California State Journal of Medicine,* has described a new form of throat infection presenting characteristic clinical and bacteriological findings, due to an infection with the organism of the oidium group. On the clinical side the disease presents a variety of pictures as it varies both in its course and in its severity. In children under twelve the disease usually assumes an acute form, while in adults the course is usually chronic, one of Oliver's cases having lasted for fourteen years. The symptoms first noted are those generally accompanying an acute infection, coryza, pain about the eyes, and aching of the back and limbs. These symptoms are accompanied with evidences of the local infection in the form of dry, paroxysmal cough and difficulty and pain in swallowing. The first objective signs are an intense hyperemia of the tonsils, uvula, and pharyngeal wall, followed by great swelling of the tonsils and uvula; the cervical glands become enlarged and tender, and a thin grayish-white, slime-like membrane appears on the tonsils. The temperature may remain normal or rise as high as 102 or 103 F. Subsequently a V-shaped membrane forms on the posterior pharyngeal wall, and this with the membrane over the tonsil becomes thickened, adherent, elevated, and of a pearl gray color. About this time gray, elevated, hard, adherent patches appear on the tongue, usually near the center but occasionally all over. These are of pinhead size, but gradually increase until they may reach the size of a silver quarter. The patches are irregular, elevated, firm, furry to the touch, and can only be removed with difficulty and pain. The disease having reached its acme now tends toward healing, the membrane disappears, the glands in the neck go down, and the general condition improves. In most instances, however, the

tonsils and particularly the tongue are marked by ulcerations. In the tonsils these are generally situated at the top of the gland in the sulci, and deep and punched out in appearance. On the tongue the ulcers are quite deep and quite irregular, reaching into the submucosa. It is these ulcerations of the tongue which may remain for months and which characterize the chronic cases.

The bacteriologic examination of these cases shows the presence in cover-lips of numerous round or ovoid bodies from six to eight micromillimeters in diameter, with double contour and staining lightly except for a single chromatin granule at the thicker end. Attached to the oval body at the thicker end is a thread of varying length, which may or may not be jointed. The organism stains by Gram's method and all the basic anilin dyes. It is grown with difficulty at first, but when once obtained in pure culture can be easily reinoculated. It is pathogenic to rabbits, and in these animals the clinical picture of the disease can be reproduced quite closely. Of singular interest is the fact that a physician who worked at the laboratory bench where Oliver had autopsied his rabbits contracted the disease. While this form of throat infection has so far been described only in San Francisco, there is no reason to believe that it is limited to that locality, and it seems probable that like other new diseases, as it is more carefully looked for it will be found to be more widely distributed.—*Journal A. M. A.*

Extirpation of the Lachrymal Sac After the Injection of Paraffin.

Dr. Frank C. Todd, in the *Archives of Ophthalmology*, describes his method of extirpating the lachrymal sac, after the injection with paraffin, as follows: After the patient has been prepared properly the contents of the sac are pressed out and the sac is thoroughly and repeatedly irrigated with boric acid solution or with argyrol or any other antiseptic. By means of a suitable syringe paraffin at a melting point of 110 is injected through the lower canaliculus into the sac until it is completely filled. This at once hardens and the sac is outlined perfectly. An incision is made in the skin over the sac in its long axis extending from one-fourth of an inch below the dome down toward the lower extremity of the swelling. The sac is exposed, can be seen easily and is dissected out by means of a knife, dull instruments and

scissors. It should be removed well down into the duct. If it is button-holed no damage is done as the paraffin is hard and will not escape. Any necrosed bone found should be curetted, and drainage will take place into the nose. The skin is sutured and the canaliculi destroyed by cauterization. By following these directions no large vessels will be cut and the entire excision may be made below the tendo oculi. If the latter is cut it should be sutured. When a general anæsthetic is administered the patient's head may be dropped over the end of the table as in adenoid operations, to allow the hemorrhage to run out of the nostrils and prevent its entrance into the larynx. If cocaine is used the same should be injected into the sac previous to the injection of paraffin and before making the incision. The skin is anæsthetized by the infiltration method in which case adrenalin also may be used.—*Journal A. M. A.*

Method of Making Yellow Oxide Ointment.

Dr. H. B. Young, in a letter to the *Journal A. M. A.* says that the suggestion that the yellow oxide should first be rubbed up with a few drops of oil in a mortar to make a fine paste is inadequate if not misleading. A sheet of plate glass and a spatula is better. Only with the latter can one be sure that no gritty particle is missed. No oil or water is needed. The spatula, holding a modicum of the base (just enough to do it), picks up the grits, which are then rubbed out until they can be rubbed no farther, and the spatula cleans itself. Not only can every particle thus be felt but one can hold the plate up to the light for inspection with a magnifying glass. The base is now added en masse and the mixing completed with the spatula.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Treatment of Arteriosclerosis.

The *Journal A. M. A.*, September 17, 1904, contains an article by Anders on the treatment of arteriosclerosis.

After discussing prophylaxis and the hygienic management, in which stress is laid upon muscular strain and the abuse of alcohol as factors in the production of the disease, he recommends a prolonged use of the nitrites as giving good results. These results are illustrated by sphygmographic tracings. The nitrites used are the sodium and potassium salts in doses of one and one-half and four grains respectively, three times daily, continued over weeks at a time. The effect of nitroglycerine is not so good nor so permanent.

It may be of interest to remark that the result of Dr. Cabot's investigations, which formed a part of the same symposium as the above paper of Dr. Anders, upon the relation of alcohol to arteriosclerosis, forced him to state that the relation was a myth and did not exist.

The Treatment of Arthritis Deformans.

McCrae of Baltimore, states in the *Journal of the American Medical Association* of January 9, 1904, that in the discussion of this matter we are again met with the fact that there are two great groups of cases, the early and the late. The treatment in the first may undoubtedly be of great help as a preventive measure of farther damage. In the latter condition it can be only palliative, although even here much good may be done. We may first discuss the treatment of an acute attack. Patients are better at rest, and probably it is well to keep them clothed in flannel. If there be much fever the diet should be liquid. Ordinary attention should be given to the bowels. For remedies for the pain we have found that salicylates are of comparatively little use. Antipyrin in doses of five grains is often effectual. Guaiacol is highly recommended by some. Small doses of codeine may be used; morphine seems to be rarely required. Of local measures to the joints the

ice-bag sometimes gives considerable relief, or the wrapping of the joint in cold compresses surrounded by oiled silk. These may be kept on constantly. Oil of wintergreen or lead and opium lotion applied locally is of some help. The hot-air baking very often gives relief to the pain. Gentle massage may be of some use. In spite of all measures, in some cases the patient is but little relieved.

After an acute attack, whether the patient be absolutely free of symptoms or has some damage left in the joints, the great principle of treatment seems to be keeping up the nutrition. The patients should be out-of-doors as much as possible. They should be given all the nourishment they will take, and this of a general kind. The mistake is too often made in considering these patients to be rheumatic or gouty, and meat is almost totally cut off. On the contrary, a full meat diet seems especially helpful. They should be given nourishment between meals and at bedtime, and every effort made to improve their general condition. With th s, of course, local derangements are to be carefully treated. Carious teeth and pyorrhea alveolaris should receive attention. Any stomach or bowel trouble should be remedied, and every endeavor made to keep the patient under the most favorable conditions. General massage is usually helpful. Concerning the various forms of bathing no general rules can be laid down. In England there can be little doubt of the benefit of such waters as at Bath. In this country, while some patients are doubtless helped by the bathing, many others are made distinctly worse. That this is due to too prolonged hot bathing to the point of depression may be possible, but our cases rather suggest that great caution should be exercised in advising, at any rate, any severe course of baths.

The local treatment of the joints is very important. First comes massage, which in the beginning ought to be given by an assistant. But as a general rule later on the patient should be encouraged, as far as possible, to rub himself. There is usually the double benefit to the joint rubbed and to the hand employed. The hot-air treatment is especially useful in many of these cases. The oven may usually be heated to 350° F. with perfect comfort to the patient, the importance of short applications being always kept in mind. Probably the majority of these cases are helped most by periods of only twenty to thirty minutes in the hot-air bath, and periods of an hour and a half are undoubtedly, in many cases, positively harmful.

The question often arises as to the amount of use that should be made of the affected joints. Leaving out the acute attacks, as a general rule, the more the joints are used the better. The mistake is often very serious when the patient is put to bed and any attempt at using the joints discouraged. The benefit of use is well shown by the temporomaxillary joint, which, although frequently involved, relatively rarely shows permanent damage. These measures may result in great improvement, even in a far advanced case, as, for example, in the case of a woman who for eighteen months had been bed-ridden, had been unable to feed herself, and who had some teeth pulled in order to be fed. After three months of treatment she was able to talk moderately well, could dress and feed herself, and open the mouth fairly well. Such cases are of course, not common, but they serve to show that the outlook is not always without hope. There are two things necessary, probably both in the physician and in the patient. These are perseverance and patience. There are probably few cases, even of advanced disease, that cannot at any rate be helped by persistent, patient, systematic treatment.—*Therapeutic Gazette.*

BOOK REVIEWS

Electro-Diagnosis and Electro-Therapeutics.—A Guide for Practitioners and Students. By Dr. Toby Cohn, Nerve Specialist. Berlin. Translated from the second German edition and edited by Francis A. Scratchley, M. D., New York, Chief of Clinics, Diseases of the Nervous System, and Instructor of Electro-Diagnosis and Electro-Therapeutics, University and Bellevue Hospital Medical College; Consulting Neurologist to the Home for Incurables. With eight plates and thirty-nine illustrations. Funk & Wagnalls Company. New York and London. 1904. (Price $2.00.)

This translation of Dr. Toby Cohn's little brochure on Electro-Diagnosis and Electro-Therapeutics will be welcomed by the profession as a very clear and compact presentation of this important subject. The volume only contains about 260 pages, but a careful examination fails to note any important omission. A novel feature of the illustrations is that the figures of muscles have superimposed over them a translucent sheet on which is marked the motor points for the various muscles. The book is cordially recommended to those desiring a brief yet sufficiently comprehensive treatise on the subject. G. W. McC.

Progressive Medicine, Vol. II, June, 1904.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 334 pages, 47 illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea Brothers & Co., Publishers. Philadelphia and New York.

This volume of Progressive Medicine deals with the surgery of the abdomen, gynecology, diseases of the blood, metabolic diseases, etc., and ophthalmology. Each of the sections contains an excellent resume of the most important literature. In diseases of the blood some important studies have been made during the last year by Bloch, whose conclusions, based upon experimental and clinical observations, are of interest. He offers objections to the theories of intestinal absorption of toxines and achylia gastrica as causes of pernicious anaemia. He thinks that individual resistance of the blood cells is one of the most important factors, the same causes, perhaps, producing anaemia in one case and not in another.

The chapters on gout and diabetes give some interesting observations which can not well be abstracted here.

The volume continues to maintain the high standard of the publication and is entitled to a liberal support from the profession. G. W. McC.

Arteria Uterina Ovarica, the Utero-Ovarian Artery or the Genital Vascular Circle.—Anatomy and Physiology, with their application to Diagnosis and Surgical Intervention. Byron Robinson, B. S., M. D., Chicago, Ill. E. H. Colgrove. 1903. 65 Randolph Street. Price $1.00.

This is a profusely illustrated monograph of 182 pages, dealing chiefly and exhaustively with the circulation of female genital organs and the application of the physiologic and anotomic facts elucidated to surgical practice. The book represents an immense amount of labor, especially in the production of the illustrations, which alone are worth the price of the work. The closing pages of the text are given to a description of the author's method of performing hysterectomy and to the author's operation of "endometrectomy" and "partial myometrectomy." The publishers' work is well done. M. F. P.

Surgery of the Pancreas, Diaphragm, Spleen, Thyroid and Hydrocephalus.—A Historical Review. By Benjamin Merrill Ricketts, Ph. B., M. D. Cincinnati. 1904.

Dr. Ricketts, in writing this book, has placed the medical profession in general, and surgeons and writers in particular, under lasting obligations to him. Many, if not all, of the articles of which the book is composed have been published in medical periodicals, especially the *Cincinnati Lancet-Clinic*, and are therefore familiar to most surgical writers, perhaps, but in putting them in book form the author has made them "getatable" and has thus made an invaluable book for all who would acquaint themselves with their history and development of these branches of surgery. M. F. P.

THE ANÆMIAS

yield readily to organic, or true animal iron treatment.

A resort to *inorganic* iron preparations or tonics, serves only to stimulate corpuscular proliferation without supplying sufficient nutrition to mature the blood cells.

BOVININE

contains 10% **ANIMAL IRON**, 20% coagulable albumen, and every element of nutrition of the animal, mineral, and vegetable kingdoms.

BOVININE administration causes quick increase of the leucocytes, and a consequent arrest of all pathological processes.

BOVININE is advertised to the Profession only. Its formula is open to all.

A postal brings you our Hand-book on Haematherapy, giving valuable information to both the general practitioner and the specialist.

THE BOVININE COMPANY

75 W. HOUSTON STREET, NEW YORK

It's The Ideal Emulsion Why?

Because its formula is physiologically correct.
Because it's not medicated,—just easily digested fat.
Because it's pancreatized,—Nature's way of emulsifying fats.
Because its menstruum prevents coalescence of globules in stomach.
Because it produces no disagreeable after-effects.
Because it contains no oxidized fatty acids to irritate stomach.
Because patients like it,—it's palatable.
Because it's economical—its fat content is high.
Because it's ethical,—advertised to the profession only.
Because it always contains the purest Lofoten Cod-Liver Oil.
Because the verdict of the profession is that it can be absorbed and assimilated when plain oils and ordinary emulsions are rejected.

Such are some of the chief reasons, briefly stated, why Hydroleine is the ideal emulsion. Sold by druggists. Write for literature.

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK

RESPIRATORY TRACT:

AFFECTIONS, SYMPTOMS AND TREATMENT.

By ARTHUR B. SMITH, Springfield, O.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but nevertheless there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for the affections of their passages. Some of these formula are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them can not be taken when there is any gastric complication, as is sometimes that the results are far from satisfactory. Many of them can not be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason. With the advent of heroin, however, these disagreeable features have, to a great extent, been avoided. Heroin, in the vast majority of cases, can be tolerated by even the most sensitive stomach, and, if any disturbance should occur, it can easily be obviated by decreasing the dosage and then gradually resuming the previous amount. Heroin can be pre-

scribed, in cases which are complicated by an enfeebled heart, without danger of depressing effects. As compared with codeine, its sedative action on the respiration is much more powerful. The fatal dose of heroin is said to be one hundred times the efficacious dose, while with codeine the efficacious dose is one-tenth of the fatal dose. In other words, heroin is ten times safer than codeine, and can be given in much larger doses, if necessary, without danger. It appears to exert a specific action on the center of respiration without causing disturbances of any other organs or centers, and there is no danger of acquiring any habit by its use.

In phthisical patients the well known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

Case 1. S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis with mucous rales, pain, cough and some slight fever. Prescribed Glyco-Heroin (Smith) one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given and the results from its use were excellent.

Case 2. W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining

posture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief and a cure was effected in a few days.

Case 3. S. W., aged 60. Chronic bronchitis. Had coughed for years, with expectoration of a thick, yellow purulent and very offensive matter. Had lost flesh gradually until about twenty pounds below usual weight. No appetite, very constipated, pains all over chest, night sweats and insomnia. Patient on the verge of nervous prostration and greatly weakened. She was given bromides, a tonic, and Glyco-Heroin (Smith), the latter in the usual dose at intervals of two hours. The first few doses were not well borne, as they seemed to cause some nausea, but by giving a smaller dose and then gradually increasing it, tolerance was soon obtained, and the results were remarkable. The cough and expectoration greatly decreased, the appetite improved and the patient became much better in every way. The treatment was continued as before, except that the Glyco-Heroin (Smith) was given every three hours. In three weeks the patient was eating almost everything she pleased, and sleeping well. The night sweats had stopped, together with the cough, and, as the patient expressed it, she "felt like another woman." At present she is in perfect health and needs no medicine except an occasional laxative.

Case 4. B. E., aged 26. Severe bronchitis accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 5. R. L., aged 6. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco-Heroin (Smith) administered fifteen drops every three hours. After taking a few doses the condition was much improved ,and a speedy return to perfect health followed.

Case No. 6. W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effort to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in ten drop doses every two hours with good results. This was combined with hygienic treatmeat, the patient being given as much fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured and there were no unpleasant sequelæ, the patient at present being in perfect health.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV NOVEMBER 1904 No. 11

EDITORIALS

Poisoning by Wood Alcohol.

Buller and Wood, *Jour. Am. Med. Asso.*, Oct. 22, 1904, report their observations on cases of poisoning and death, the result of the ingestion of wood alcohol in some form.

The use of wood alcohol by druggists in the preparation of many remedies for external application, as spirits of camphor, extract of witch hazel, etc., is certainly dangerous enough, but when it is shown by analysis that deodorized wood alcohol is frequently used in the preparation of tinctures intended for internal administration, such action is criminal. The recent death, noted in the daily press, of twenty-five persons in New York City from the ingestion of whiskey made of wood alcohol and other materials, is an instance of the general attempt toward this substitution of a cheap, dangerous poison for the more costly grain spirit.

This dangerous substance may be bought under many names, such as wood spirit, pyroligneous spirit, wood naptha, and methy-

lated spirit. When it has been deodorized it may be known as "Columbian spirits," "colonial spirits," "union spirits," "eagle spirits."

It has been found to vary much in its effect upon different persons. Some are killed by a relatively small dose, while others take, with more or less impunity, large quantities. In some cases amblyopia is an early and pronounced symptom.

The usual symptoms of the poisoning in a mild case are dizziness, nausea and mild gastro-intestinal disturbance. In more severe cases these symptoms are more pronounced, and dimness of vision, going on to total blindness, is said to be characteristic of this severe degree. Lastly, there may be such overwhelming prostration as to cause death in a short time.

The authors state that when dilated pupils of blindness (total or partial, temporary or permanent) follows on an alcoholic debauch, the presumption is that the intoxication is due to wood alcohol.

They conclude this exhaustive study as follows:

1. Methyl, or wood alcohol, in any of its forms, as well as all methylated preparations made from it, are dangerous poisons, menacing both life and eyesight.

2. It is best known to us in its deodorized form as Columbian spirtis, purified wood alcohol, cologne spirits, union spirits, eagle spirits, green wood spirits, and a variety of other spirits.

3. It is used as an adulterant of, and substitute for, grain alcohol in cheap whisky and other alcoholic beverages, not to mention Jamaica ginger, lemon extract and many other essences and flavoring fluids.

4. Methyl alcohol is largely used in the preparation of many proprietary and patent medicines, witch hazel, domestic liniments, as well as bay rum, cologne water, Florida water and other perfumes.

5. To this date, at least 153 cases of blindness and 122 deaths have resulted from this poison; in all, 275 instances of lost life and eyesight, This total would probably be raised to 400 if a more thorough search were made.

6. The injury to the ocular apparatus consists chiefiy of a destructive infiammation of the optic nerve fibers or retinal elements (or both), followed by their atrophy.

7. The symptoms of poisoning are gastrointestinal disturbances, more or less severe, accompanied by abdominal pain, general weakness, nausea, vomiting, vertigo, headache, dilated pupils and blindness. If recovery does not occur, there is marked depression of the heart's action, sighing respiration, cold sweats, delirium, unconsciousness, coma and death.

8. The blindness is bilateral and may set in a few hours after the inhibition of the poison, or it may be delayed for several days. It is generally complete, with a subsequent improvement, and, finally, a relapse into permanent blindness.

9. The visual fields are contracted and exhibit absolute central scotomata. The ophthalmoscope reveals at first a congested nerve-head, followed by grayish or white atrophy and contracted vessels.

10. The diagnosis can hardly be mistaken. Methyl alcohol poisoning presents a picture unlike that of any other intoxication. Acute abdominal distress, followed by blindness, should always awake a suspicion of methyl alcohol poisoning.

11. The prevention of poisoning by this insidious drug can only be brought about by prohibiting the sale of "deodorized" wood alcohol in all its forms. The number of deaths may meantime be limited by putting all methylated preparations on the list of poisons and prosecuting all persons adulterating foods and drinks with it. Labelling it with the notice, "This fluid, taken internally, is likely to produce blindness," will certainly have a deterrent effect.

12. Methyl alcohol intoxication is an example of idiosyncrasy. As in the case of several other poisons, some persons are largely immune so far as permanent damage to the organism is concerned. If ten persons drink, say, four ounces of Columbian spirits within three hours, all will have marked abdominal distress and four will die, two of them becoming blind before death. Six will eventually recover, of whom two will be permanently blind. With still larger doses, the proportion of death and blindnses will be greater.

13. Poisoning by inhalation of the fumes of methyl alcohol generally occurs when the exhalations are mixed with rebreathed air, as in varnishing the interior of beer vats, small rooms, etc. It is also highly probable that in susceptible subjects repeated or even single methylated "alcohol rubs" may produce poisonous symptoms, through absorption of the spirit by the skin.

14. Chronic (or partial) poisoning from methyl alcohol (in the shape of "nips" of methylated Jamaica ginger, bay rum, punch made with Columbian spirits, etc.) is the most insidious and probably not an uncommon form of intoxication. Its symptoms are not so pronounced or so easy of recognition as in the acute form, but the eyes, digestive apparatus and nervous system undoubtedly suffer.

15. The use of ethyl or grain alcohol in the arts, as in the manufacture of varnishes, as a burning fluid, for "stiffening" hats, lacquering brass, etc., is without danger to life or eyesight. By adding to it a small percentage of naphthalin, for example, the fluid would be undrinkable. A combination of ethylic alcohol with 10 per cent. of wood spirit would answer the same purpose. Such a mixture is the "methylated spirit" of Great Britain, where not a single case of acute poisoning or amaurosis from methyl alcohol is recorded, in spite of the extensive commercial use of methylated preparations in the British Isles.

16. The treatment of methyl alcohol intoxication consists chiefly in getting rid of the poison from the stomach and intestines by means of the stomach pump and rectal injections; stimulants, especially ethyl alcohol, strychnia and coffee; heat to the body and extremities.

17. The treatment of the amaurosis is unsatisfactory. In the early stages pilocarpin and potassium iodid; later, strychnine hypodermically and by the mouth.

Some Ethical Questions.

The writer had a conversation recently with a physician who has left the regular practice and identified himself with an institution which obtains its patronage by questionable methods, to say the very least. An attempt was made by him to justify his action on several different grounds. In the first place it was averred that he was not doing anything contrary to the laws of the state or country; that advertising was to be discontinued but that the names of former patients, obtained through their own inquiries or otherwise, would be used only; that no claims would be made for ability to make impossible cures; that the "lunger cards" were all to be destroyed; that the medicines furnished were the best that money could buy; that he did not

feel guilty of any dishonest or dishonorable act, and that he was doing many patients good.

Again it was averred that he owed his former associates nothing; that what advertising he had done he had paid for, whereas there were many men supposedly "regular" who resorted to intrigue and deception to get free newspaper notoriety; that some of his former teachers had previously taken occasion to hurt his reputation and disparage his ability to his own patients; that he was obliged, for pecuniary reasons, "to do something."

How can one reconcile this attitude with a clear conception of the physicians' high calling and great responsibility?

Let us read by way of contrast Section I of Chapter II of the *Principles of Medical Ethics*. "Every one on entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend its bounds of usefulness." * * *

"Section V. There is no profession from the members of which greater purity of character and a higher standard of moral excellence is required than the medical; and to attain such eminence is a duty the physician owes alike to the profession and to patients. It is due to the patients, as without it their respect and confidence cannot be commanded; and to the profession, because no scientific attainments can compensate for the want of correct moral principles.

"Section VII. It is incompatible with honorable standing in the profession to resort to public advertising or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publication to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures or remedies; to adduce certificates of skill and success, or to employ any of the other methods of charlatans."

We do not care to condone the subtle or open infractions of the code by men who are supposed to be regular. We know there are those in the profession who are unkind in their remarks about confreres to laymen and prospective patients. We all have had such remarks sometimes made by supposed professional friends repeated to us, and we all know of instances where regular practitioners have been guilty of what may properly

be termed newspaper advertising. But does this constitute an excuse for our friend? Is it true that he owes his associates in medicine nothing? The price he paid for his medical education is certainly not sufficient to absolve him from all claims which his teachers and colleagues have upon him, even though some of them have been guilty of saying unkind things of him to his patients, which these remarks are not intended to condone to any degree whatever.

Medical men should be and are liberal enough to give of their knowledge and experience to any young man or woman just entering the practice, without price. And the help thus freely given is often worth more than that purchased in colleges. Again it is certainly true that he owes something higher to himself and to those who intrust their health and happiness to him, something more than is indicated by his remarks.

The statement that he is doing good to his patients is obviously only relative. The majority of his cases, he says, are chronic rheumatics, stomach troubles and kidney diseases. In regard to chronic rheumatism, if he is alive to the progress of internal medicine, he knows that medicinal treatment, especially by the salicylates, is absolutely worthless; that most, if not all, such diagnoses are in error, and that opinion now prevails that there is no such condition as chronic rheumatism. If he knows this he is not honest in continuing the use of salicylates for such conditions and promising relief; he is wasting valuable time for the patient. Not seeing the patient, he is accepting the diagnosis they give him, well knowing that it is sure to be incomplete, if not entirely wrong.

Much the same thing may be said of stomach and kidney diseases, the patient being often wholly misled by his symptoms does not give a correct diagnosis to the advertising man.

In regard to the pecuniary argument, it is the lamest of all. There are many honorable callings which might be chosen if one should fail in making a living in medicine, and much as one would regret the necessity, he might better get out of the profession retaining the respect of his colleagues and patients, than to stultify his own conscience and forfeit the esteem of his medical friends by engaging in a *medical business* conducted on questionable lines, which tends to lower the whole profession in the eyes of the people.

B. VanS.

Injuriousness of Cigarettes.

In an article upon this subject by J. W. Coleman, in the *Colorado Medical Journal*, attention is called to the evils of cigarette smoking and the ignorance of the general public on the subject. He says that cigarettes are not injurious because the tobacco is wrapped in paper, even though said paper be made of old clothes, nor are they injurious because of the introduction of some foreign drug, nor to the ink that may be used in stamping the paper of the manufactured ones. Manufacturers of cigarettes and cigarette paper call attention to the purity of the paper: that it is rice paper and perfectly harmless; that there is no copper in the ink used in the manufactured ones; that there is no foreign drug added to the tobacco. Of course the paper is harmless. They don't need to add anything to the tobacco to make the cigarette pernicious when smoked as they usually are. Why strain at a gnat and swallow a camel?

Why is the cigarette more injurious than other forms of tobacco? Because the smoke is inhaled into the lungs; because it covers an area 500 times greater than the smoke from a cigar or pipe, or the solution from a chew; because it comes in contact with mucous membrane especially made for the absorption of gases; because the alkaloids and glucosides of tobacco are volatile substances and the heat changes them into gases. Said gases are quickly absorbed when spread over an area of about six hundred square feet, which, roughly speaking, is the mucous area of the lungs.

Cigarette smoking is much harder to stop than other forms of using tobacco; more difficult than opium; more dangerous than chloral and more harmful than other narcotics. The effect of cigarette smoke is much quicker than the hypodermic syringe. Ten to twenty seconds and the silent poison is pursuing its deadly work.

The cigarette cough, cigarette sore throat, tobacco heart, and many other ills due directly or indirectly to the so-called innocent cigarette, are constantly brought to the attention of physicians. The cigarette smoked as a cigar or pipe is not more injurious than other forms of tobacco, but when tobacco smoke is inhaled the smoke becomes injurious. Concluding the article Dr. Coleman says: "Smoke and chew if you must, but never inhale tobacco smoke."

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Endocarditis as a Complication of the Acute Infectious Diseases.**

BY

DR. B. P. WEAVER, Fort Wayne, Ind.

Roger aptly states that at present it is well established that endocarditis is of infectious origin and that all infections are capable of involving the endocardium.

Inflammation of the lining membrane of the heart is usually confined to the valves, hence the term is synonymous with valvular endocarditis. This paper has to deal with the acute form as it is that variety which is consequent upon the acute infections, the chronic form being of insidious onset and resulting in a slow forming, sclerotic and thickening deformity.

Acute endocarditis is subdivided into two forms, variously named to indicate either the pathology or virulency of the disease. Thus, 1st., the simple or benign, called also by the Germans vegetative and verrucose; and, 2nd, malignant or ulcerative, infectious, or as Virchow called it, diphtheritic, while Winge classified it as mycotic. Although cases can be conceived of and have been described which are so close to each variety that it is difficult to classify them, yet for convenience of description there are to be considered the two separate entities, simple and ulcerative endocarditis.

Inflammation of the endocardium may occur in fœtal as well as in extra-uterine life, although with less frequency, as is shown by Sperling's three hundred cases at the Berlin Pathological Institute, in which the left side alone was infected in two hundred and sixty-eight cases, right only in thirty-one, while both were involved only twenty-nine times. Of the left side lesions, the mitral valves were attaked in two hundred and fifty-five cases, the aortic but one hundred and twenty-nine times.

Virchow's theory that the pressure of the blood forces the micro-organisms in between the endothelial cells of the endo-

*Read before the Fort Wayne Medical Society at its regular meeting, Sept. 27, 1904.

cardium probably accounts for the greater frequency of endocarditis of the left heart after birth and of the right heart during fœtal life; the blood pressure being greater in the right ventricle before and in the left ventricle after birth. The bacterial origin of acute endocarditis having been established through the efforts of Heiberg, Virchow, Klebs, Gilbert, Dreschfeld, Osler, Prudden and others, we have as etiologic factors, particularly in the malignant form, of endocarditis, the streptococcus pyogenes (especially of erysipelas), staphylococcus pyogenes, aureus and albus, and micrococcus lanceolatus; less frequently the gonococcus, Eberth bacillus, Klebs-Loeffler bacillus, Pfeiffer bacillus, Koch's bacillus, bacillus dysenteriacæ, bacillus pyocyaneous and rarely bacillus coli communis. That the various bacteria are capable of producing endocarditis has been proven by many experiments of injecting pure cultures of micro-organisms obtained from infected valves into the jugular veins of animals and afterwards finding the cocci, sometimes in masses deposited on the inflamed valves. It has been equally well established that most instances of endocarditis are secondary to some general or local infection, although an occasional primary infectious endocarditis is met with.

To describe specifically the infectious diseases with which endocarditis occurs as a complication, we should begin with acute articular rheumatism, as this is the disease *par excellence* with which acute endocarditis is most frequently associated. That rheumatism is an infectious disease has long been suspected from its symptoms, so typical of an acute infection, but now it seems practically proven that the organism is a micrococcus. In the *International Clinics*, Vol. 1, 14th, series, E. W. A. Walker reports fifteen cases studied by him, in which he found the micrococcus described first by Poynton and Paine; eight of this number were cases of acute rheumatism, three chorea, and the other four malignant endocarditis in rheumatic subjects. By inoculating rabbits with this micrococcus he repeatedly produced arthritis and endocarditis and occasionally pleurisy and septicæmia. He believes the organism to be more often a streptococcus than a diplococcus and considers it specific to the disease. In the proceedings of the British Medical Association held in July of this year, Dr. George A. Gibson, of Edinburgh, refers to the occasional discovery of the diplococcus of rheumatism in the urine of certain pleuritic patients. In a discussion upon the subject of

heredity as a cause of disease, the London correspondent of the *Medical Record*, in the issue of August 13, 1904, declares that rheumatism can no longer be regarded as hereditary, as the diplococcus has been discovered. However, were the infectious origin of rheumatism not so thoroughly proven as it has been by the isolation of the specific organism, writers on the subject seem to feel justified in placing it in that catagory of diseases by reason of its typical symptoms.

The relative frequency with which endocarditis and rheumatism are associated is variously estimated. Indeed, so close is the relation between these two diseases that Babcock, Holt and Cheadle all regard endocarditis not so much as a complication as a manifestation of rheumatism, and Hayden and others are of the opinion that occasionally it is the only manifestation. Endocarditis may occur as a complication of both the acute and subacute articular rheumatism, and is more frequent in children than in adults. Holt declares that compared with rheumatism all other causes of endocarditis are very infrequent. The percentage ratio of endocarditis complicating rheumatism differs considerably as given by various authorities, it being placed at sixteen per cent. by Peacock, and at fifty-five by Bouilland. The valves being far more apt to become inflamed in the acute than the subacute form, this disparity in the ratios estimated may be largely dependent upon the virulency of the infection as well as the state of the attacked organism. Hayden believes the time from the sixth to the ninth day of the attack of rheumatism to be the most likely time for the endocarditis to be set up, while Fuller extends the time to the twentieth day. Endocarditis seems particularly prone to strike during the first attack of arthritis and especially when the attack is severe and several joints are involved.

The next most frequent cause of the simple form of endocarditis is said to be chorea, and indeed the relative frequency of chorea and endocarditis is stated by some to be greater than rheumatism and endocarditis, although numerically less. It would seem fair to assume from the fact that, in the history of a certain proportion of cases of chorea, acute articular rheumatism plays a very important role, that at least a portion of the cases of chorea encountered can be regarded as of infectious origin; certainly those due to embolism must have had to do with an

infectious element. Further, in forty cases of chorea manifesting organic heart lesions, Gowers found a well-defined history of associated rheumatism in all.

Tonsillitis is another disease so closely related to rheumatism that there is a decided tendency now-a-days to regard it as due to the same infection, and several instances are reported of endocarditis following tonsillitis. John Lovett Morse is quoted from the *Archives of Pediatrics* as declaring that the heart and urine in tonsillitis should be examined as carefully as in rheumatism or scarlet fever, and the examination kept up during the convalescence.

Again, scarlet fever is an infection that is followed by rheumatism, and Osler says that simple endocarditis is not uncommon and many cases of chronic valvular disease originate probably in a latent endocarditis during an attack of scarlet fever. Malignant endocarditis he regards as rare in this disease. Holt believes that although endocarditis is rare in this disease, it is oftenest seen in septic cases and with post-scarlatinal nephritis; that it may be simple or malignant and may lead to embolism during convalescense. On the other hand Schmaltz is of the opinion that the cardiac complication in scarlatina is more often a myocarditis than an endocarditis, and reports a series of one hundred and ninety-one cases, thirteen coming to autopsy, only one of which showed any disease of the valvular endocardium. Romberg, from microscopical examination, holds the same view that Schmaltz does, viz., myocardial involvement.

Measles may be complicated by endocarditis, but it is rarely so. Other eruptive diseases, as enteric fever and smallpox, are capable of setting up endocarditis, and it is more likely to be of the malignant variety.

That the gonococcus may be responsible for an endocarditis seems probable from the fact that in certain cases of valvular disease there is an entire absence of any other etiologic factor. In twenty-seven instances of gonorrhœal arthritis, R. L. MacDonnell found four cases of endocarditis.

The pneumococcus is quite frequently the exciting cause in an endocarditis and it usually gives rise to the malignant form. It may be encountered in the form of endocarditis complicating lobar or croupous pneumonia, or pneumococcic meningitis. In one hundred autopsies upon lobar pneumonia patients, Osler

found endocarditis in sixteen. He maintains that even in very severe cases there may be no symptoms indicative of this complication, but that it may be suspected in cases (1st, in which the fever is protracted and irregular; 2nd, when signs of septic mischief arise, such as chills and sweats; 3rd, when embolic pneumonia occurs).

Endocarditis complicating pulmonary tuberculosis is rather rare, Osler, however, reporting twelve instances in two hundred autopsies on tuberculous subjects.

Janeway has reported instances of outgrowths from the valves in connection with syphilitic gummata, these probably having as their primary exciting cause the bacillus of Lustgarten, although syphilitic endocarditis *per se* seems to be rare.

Typhoid fever is rarely complicated by endocarditis, it having occurred in only fourteen of two thousand autopsies recorded at Munich. In an editorial on the cardio-vascular complications of typhoid fever in the *Medical Record* of August 20, 1904, W. S. Thayer's work on the blood-pressure and cardio-vascular changes in one hundred and eighty-three cases of typhoid fever at John Hopkins Hospital, is reviewed. In brief, his results were—increased blood-pressure and much more frequent cardiac murmurs in typhoid than in control patients, and nearly one-fourth of the cases in which systolic apical murmurs were detected during the course of the disease on later examination showed evidence of organic heart disease.

In diphtheria the cardiac symptoms are more often due either to a myocarditis, although the last named disease or a neuritis than an endocarditis, is occasionally found complicating the septic cases of the most severe type, and in such cases we will, of course, find the infectious rather than the simple form of endocarditis.

Other general infections, as pyæmia, puerperal septicæmia influenza and localized septic processes and abscesses predispose to malignant endocarditis, this form having been particularly frequent in association with puerperal septicæmia due to infection either of the uterus or its adnexa. Dreschfeld also reports seven cases of gall stones, with or without suppuration of the biliary passages, complicated by this form of the disease, probably due in a measure to the bacillus coli communis. The general opinion

seems to be, however, that septic endocarditis is most frequently caused by streptococci and staphylococci.

As the purpose of this paper was merely to call attention to the rather frequent association of the infectious diseases with endocarditis, either simple or ulcerative, no attempt will be made to touch upon the subject of the symptomatology, morbid anatomy, diagnosis, differential diagnois, prognosis, complications and sequelle, course and modes of termination, and treatment of the disease, further than to say that, inasmuch as during the course of an acute infectious disease, a mild endocarditis may pursue so latent a course and its symptoms be so masked and overshadowed by those of the primary disease, the endocarditis not manifesting itself until some time after the apparent recovery from the original disease, it becomes the duty of the attending physician to make careful and oft-repeated examinations of the heart, and particularly if, in the course of an acute rheumatic fever, the disease ranking above all others as a factor in producing lasting morbid changes in the endocardium, especially toward the end of the first week, the temperature unexpectedly rises and cannot be accounted for by the involvement of a fresh joint or some other complication, the attention should at once be fixed upon the heart.

213 W. Wayne Street.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

Meeting of September 13th.

Meeting called to order by President Morgan with thirty members and guests present. Minutes of previous meeting read and approved.

Clinical Cases:—1. *Death Due to Swallowing a Penny.*—Dr. L. P. Drayer reported a case in which a child lost its life as a result of swallowing an ordinary penny. Twenty-four hours after swallowing the penny the child became ill with fever, and refused food. Three days later, when the child was first brought for consultation, a history of difficulty in swallowing was given, though at that time the child did not seem to be ill. An X-ray picture was taken but the position of the penny could not be located. Bearing in mind the results usually following the swallowing of pennies, and taking into consideration that the radiograph failed to show anything, the parents were assured that the child would come out all right and were advised not to consider any treatment. Apparently the child did well for four weeks when sudden pain in the region of the stomach developed, followed by vomiting of blood and early death of the patient. A diagnosis of fatal hemorrhage from erosion, caused by the penny, was made. The picture and the photographic plate were exhibited to show that nothing could be seen from a point 3 inches above the ensiform cartilage to the pelvis, which would warrant a positive declaration that the penny was not in the stomach or digestive tract. Taking the fatal termination into consideration it was thought that the penny was not shown in the radiograph because an end view of the penny was taken rather than a side view. Had pictures been taken from two directions it is possible that the position of the foreign body would have been located by one of the pictures. The case was reported for the purpose of demonstrating that without the evidence given by the X-ray picture an operation would have been deemed advisable.

In discussing the case Dr. M. F. Porter said that hemorrhage was the most common cause of death in cases where articles have

lodged in the œsophagus. Difficulty in swallowing should have been considered evidence of obstruction in the œsophagus which would have been located by passing an old fashioned probang. Under ordinary circumstances he would not advise operation unless the symptoms were severe. In this instance if the X-ray struck the edge of the penny no picture furnishing evidence would be obtained. He therefore contended that the X-ray picture is apt to lead one astray unless there are other pictures taken from different directions to corroborate the findings.

Dr. S. H. Havice said that he had seen a case in which an old fashioned large copper penny had been swallowed and was eventually passed per rectum. He had seen a number of cases in which an ordinary penny had been swallowed and passed per rectum without the slightest trouble. He also called attention to a case once reported before the society by Dr. Porter in which an irregular triangled piece of brass trunk hinge, exceedingly sharp at one edge, had been swallowed by a child, lodged in the esophagus, crowded into the stomach by the surgeon because it could not be removed by the mouth, and was eventually passed per rectum without being removed apparently doing the child any injury. Such instances serve to indicate that under ordinary circumstances such a foreign body as a penuy when swallowed should be let alone.

Dr. K. K. Wheelock, in commenting upon the case, said that it is somewhat unusual to have such a sudden fatal termination in a case such as described, but that not infrequently foreign bodies which are supposed to have passed into the stomach become lodged in the esophagus only to produce trouble. He reported a case in which a three and a half year old baby was brought to him with a history of impaired breathing and swallowing dating back some weeks and presumably due to a fall. A diagnosis of tuberculosis of the vertebræ had been made. By laryngoscopical examination nothing could be seen in the larynx or trachea. The child was taken to the hospital and a tracheotomy performed to relieve the dyspnœa. It was then discovered that by pulling the trachea forward the respiration became free, whereas by dropping the trachea to its normal position the respiration became at once impaired. No suitable explanation of this condition was made, and the child was finally allowed to return home, still wearing the tracheotomy tube. The child continued to wear the tracheotomy tube for some little time;

and apparently seemed in good health, when, owing to an accident by which the larger tube of the tracheotomy tube dropped into the trachea, immediate suffocation and death was produced. A post mortem examination was made. At the fourth cervical vertebræ a sharp point sticking into the trachea was detected. Upon cutting down on the same a metal jackstone was uncovered and found to be embodied in the body of the vertebra and occupying the lumen of the esophagus and sticking into the posterior wall of the trachea. In this case an X-ray picture taken from almost any direction would have shown the jackstone and led to an early and accurate diagnosis with possibility of relief by operation.

2. *Operation for Relief of Hypospadias.*—Dr. M. F. Porter reported an operation on a case for relief of hypospadias at the peno-scrotal angle attended with great incurving of the penis. The penis was straightened by a series of transverse incisions. Then a urethra was made by using the skin from the shaft of the penis, the folding in giving a skin surface on the inside as well as the outside. There still remained some lack of urethra (about an inch) at the root of the penis, and here an artificial urethra was made out of skin taken from the scrotum. The urethra was kept patulous by means of a soft rubber catheter. As a result of the operation the patient has a well formed penis through which passes an artificial urethra lined on the inside as well as the outside with skin, but capable of serving all of the functions of a urethra. No particular fear of trouble from hair growing on the skin graft and occluding the urethra is anticipated. Dr. Porter said that he considered that the patient, when he grew older, would be able to copulate, and would not be sterile, whereas, with existing conditions before the operation, he would not have been able to copulate and procreate his kind.

Dr. K. K. Wheelock, in commenting on the case, said that he did not see why total transplantation of the skin graft should not be as successful as transplantation with a pedicle. He reported that he once took four inches of skin from the arm and grafted it into the eye socket, but in this instance the hair and sebaceous and sweat glands all continued to functionate. He further suggested that in Dr. Porter's case it might be possible to transplant the lining membrane of the urethra from a bullock or other animal and secure very satisfactory results.

3. Erythema Papulosum.—Dr. H. A. Breuggeman reported a case of supposed erythema papulosum. A patient, a woman forty years of age, with negative family history, was seen on August 24th. She gave a history of trouble dating back three months, previous to which she had been in good health. She had lost in weight, bowels were irregular, and complained of pains in the elbows and knees. Examination disclosed small slightly elevated pinkish violet nodules distributed over the exterior surface of the legs. Above the knees and on the arms but few nodules can be found. The nodules are not tender to pressure, do not show breaking down of tissue, or surrounding areas of inflammation. Temperature and pulse slightly above normal and examination of urine and blood practically negative. The diagnosis of syphilis was ruled out because of a negative history and the absence of miscarriages or other well known signs. The lesions are too numerous and too symmetrical to be gummatous lesions. Erythema papulosum is an acute affection, the lesions are painful and affect the tibial surface. There is no tenderness of the nodules and the outer side of the legs are mostly involved. The condition is considered comparatively rare. The patient is thought to be also suffering from tubercular synovitis.

4. Ulceration of Tongue.—Dr. S. H. Havice reported a case of extensive ulceration of the tongue and buccal surfaces of the mouth in a woman in whom no specific history can be obtained or is suspected. The ulcerations are quite deep, are not attended with surrounding areas of inflammation, but extend to both the upper and lower lips, as well as the angles of the nose. Patient has been improving under cauterizations with ten per cent. solution of nitrate of silver, but case was reported for suggestions as to diagnosis and treatment.

Dr. M. F. Porter, in commenting on the case, said he thought it advisable to curette the ulcerated surface or remove some of the surrounding tissue and make a microscopical examination with a view to determining the pathological agent at work.

Dr. C. B. Stemen asked the Society to grant him further time on his paper, and on motion he was requested to present his paper at the next regular meeting.

Dr. G. W. McCaskey offered the following amendment to the by-laws, the same to be acted upon in regular order at the next meeting:

To amend Sec. 2, Chap. 1, of the by-laws of the Fort Wayne Medical Society as follows: Following the third sentence which closes with these words, "and report at the next regular meeting of the Society," insert the following sentence: The application will then lay over until the next meeting of the Society, and the secretary shall, in the interval, send a written or printed notice to each member of the Society, stating when such application will be voted upon, and any election to membership without such notice shall be invalid.

Adjourned. J. C. WALLACE, Sec.

Meeting of September 27th.

Called to order by President Morgan with 28 members and guests present. Minutes of previous meeting read and approved.

CLINICAL CASES.—*1. Strychnine Poisoning.*—Dr. E. J. McOscar reported a case of strychnine poisoning in a child, resulting from swallowing strychnine pills which had been left within easy reach. When first seen the child was having mild tetanic convulsions which gradually increased in severity. Apomorphia, 1-40 grain, produced no emesis. Morphine did not seem to control the convulsions. Chloral and bromide of sodium acted best. An enema of glycerine, and later, water, produced no results. Calomel and castor oil produced mild catharsis. The convulsions gradually subsided and the child recovered. While it was known that the child had swallowed strychnine pills it could not be determined just what number had been taken, but from the fact that the child was in convulsions when first seen, and continued in convulsions for some time afterward, it was concluded that an amount just short of a fatal dose must have heen ingested.

In commenting on the case Dr. W. D. Calvin said that these cases of accidental poisoning would be less frequent if physicians prescribed medicine in smaller quantities. Patients are frequently given medicine covering a longer period of time than is necessary. In every case the patient should be advised to destroy any medicine that may be left over. He reported a case in which a child was poisoned by drinking laudanum and sweet oil which had been prescribed for ear ache.

2. *Cocaine Poisoning:*—Dr. Albert E. Bulson, Jr., reported a case of cocaine poisoning in a man who apparently exhibited a de-

cided idiosyncrasy. Two drops of a five per cent. solution of cocaine, placed in the eye to effect anæsthesia for the removal of a foreign body, produced all of the clinical symptoms of cocaine poisoning requiring stimulation by hypodermic injections. He reported that the case was parallel to the one reported before the society by him some years ago in which one or two drops of a four per cent. solution of cocaine in the eye, introduced for the purpose of effecting anæsthesia for the removal of a foreign body, caused alarming symptoms, and later the idiosyncrasy was thoroughly tested by reducing the strength of the solution and trying it upon the patient without the patient's knowledge. In the treatment of cocaine poisoning hypodermic injections of strychnine were resorted to. Dr. Bulson said that these cases impressed him with the fact that cocaine should never be used in a stronger solution than five per cent. to begin with and then cautiously until the susceptibility of the patient has been determined. The highly vascular tissues in the nose take up cocaine very rapidly and its effect in the circulation becomes more marked under such conditions than when the solution is used almost anywhere else. Therefore, in operations on the nose it is advisable to apply the cocaine by means of a pledget of cotton rather than by spraying it in as is frequently done by some operators. In the throat, and particularly in the larynx, absorption is much less, and here the strength of the solution can be cautiously increased to ten and even twenty per cent., and it is frequently necessary to use these stronger solutions in operations within the larnyx. In the nose and eye it is seldom if ever necessary to use a solution stronger than five per cent. in order to produce the required anæsthesia.

PAPERS:—*1. Inflammation of the Colon.*—Dr. E. E. Morgan read a paper on this subject. He said that a simple colitis or catarrh of the colon is a disease characterized by intestinal indigestion with flatulance, and appetite that is sometimes voracious and generally easily satisfied. These patients sometimes become very much depressed mentally and as a result of the mental depression and anxiety suffer from insomnia. Constipation is common and the fæces are frequently mixed with mucus. Occasionally there are attacks of diarrhœa, which are probably a sequellæ of constipation and due to the hardened masses which produce irritation in the bowels. The hardened masses sometimes remain within the bowels even following diarrhœa. The mental de-

pression varies depending upon the amount of bowel disturbance. The causes of the disease are as various as its symptoms, and consist of anything which will produce irritation or congestion of the intestine, such as adhesive bands, which may constrict the colon or rub against it during peristalsis, abdominal ulcerations, displaced uteri, or perhaps a floating kidney. Probably a frequent cause of a chronic form of this disease is appendicitis, the catarrhal inflammation extending from the appendix through the whole length of the colon. Chronic constipation is another prolific cause, the hardened fæces, by their mechanical presence, probably setting up an inflammation, causing secretion of mucus. Irregularities in diet, habits and exercise may be a cause by their influence on the action of the bowels, resulting in constipation or diarrhœa as the case may be. Treatment consists in removal of the cause, which is sometimes easy to accomplish and at other times very difficult. When mild cases of appendicitis are a cause, the patient will not get well until after an operation has been performed, but frequently the patient does not consider the symptoms sufficiently grave to warrant operative interference, and prefers to continue his suffering rather than undergo an operation. The same is true if the trouble arises from adhesive bands, which in turn may be the sequellæ of appendicitis. When the cause is found it should be removed, but in case operation is required and refused it is always good treatment to apply soothing applications to the colon. Regulation of the habits of the patient is imperative, and this should include restricted diet, abundant exercise and regularity in bowel movements. Begin with a calomel purge and follow with laxatives to assist in keeping the bowels regular. Colonic flushings with normal salt solution are valuable. The new intestinal antiseptic known as acetozone has proved very beneficial in these cases. The patient is directed to drink one quart of water, in which has been dissolved 13 grains of acetozone, every twenty-four hours. Lemon juice may be added if the taste is objectionable. Maltine with cascara acts in the double capacity of digestant and laxative. It is of value when there is much flatulence. Salol is an intestinal antiseptic which frequently has some effect on the disease, as also ichthyol.

The discussion was opened by Dr. G. W. McCaskey, who said that the disease is one of the most common we have to deal with,

but that the membranous form is not a true inflammation, but probably a neurosis. He disagreed with the essayist as to its relationship to appendicitis. He said that he believed that colitis is one of the most frequent causes of appendicitis instead of appendicitis being a cause of colitis. Imperfect gastric digestion is one of the most frequent causes of colitis, and the former may be brought on by sedentary habits, lowered vitality, etc. The neurasthenic state is responsible for the development of the disease. Treatment, to be successful, must be carried on over a prolonged course of time and will consist largely in regulating the life and habits of the patient. Colonic flushings, cathartics and purges, while perhaps indicated in the beginning of the disease, are subsidiary to regulation of diet and habits. A change of occupation, as well as a change of climate, frequently cures these cases, but results can usually be accomplished in any but the most stubborn cases if the patient will follow the physician's advice.

Dr. B. Van Sweringen said that he believed the habits of the individual and the resulting inflammation following as a sequellæ of disturbed digestion, to be responsible for the disease. He did not believe that the neurasthenic state was responsible for the colitis, but that the colitis was responsible for the neurasthenia.

Dr. A. E. Bulson, Jr., said that a large percentage of these cases are found in individuals who follow sedentary occupations. Nearly all seamstresses and tailors suffer from colitis because their occupation requires a sitting position for many hours of the day, and most of this class of individuals take no exercise. For these people active exercise is a necessity before results from treatment can be expected.

In closing the discussion Dr. Morgan said that he agreed with what had been said, and probably should have mentioned in his paper that colitis could be a cause of appendicitis, and that the colitis is probably responsible for the neurasthenia found in so many of these cases.

2. *Endocarditis as a Complication of Acute Infectious Disease.*—Dr. B. P. Weaver read a paper on this subject. (The paper appears in full in this issue).

The discussion was opened by Dr. J. C. Wallace, who advised more care in the examination of suspicious cases of sore throat. Tonsilitis of the diphtheritic type is frequently undiagnosed, as

also the sore throat of scarlet fever The fact that these cases are not earlier recognized is sometimes responsible for complications which otherwise would have been presented or at least limited to considerable extent if the disease had been recognized and proper treatment followed. In many of the infectious diseases it is essential that the action of the heart be carefully watched and the kidney elimination guarded.

Dr. L. P. Drayer said that in ten years of practice he had seen only three cases of chorea One of the cases is still under treatment, a second has recovered, and the third developed a valvular lesion. He also called attention to the fact that gonorrhœa is a quite frequent cause of endocarditis.

Dr. G. W. McCaskey said that there are a number of cases on record in which gonorrhœa has been followed by endocarditis, and the gonococcus has been found on the endocardium. Endocarditis as a sequellæ of the acute infections is common, and the fact should be recognized by all those called upon to treat infectious diseases. The heart should be protected during convalescence to prevent endocarditis, and in no way can it be better protected than by insisting upon rest and the avoidance of those things which tax the heart.

Dr. B. Van Sweringen said that cases convalescing from acute infections should be under observation of the physician longer than they usually are. As soon as the doctor ceases his attention the patient believes himself well and at once proceeds to act as though he was well, perhaps to the end that a heart lesion is produced He said that he had never seen a case of simple endocarditis as a result of gonorrhœa, but had seen the ulcerative form. In chorea the endocarditis occurs early as a rule, and he said that he had seen this manifestation in quite a number of cases.

Dr. Albert E. Bulson, Jr,, spoke of the relationship which quinsy or peritonsilar abscess has to rheumatism, and said that the affection should be considered as one of those infectious manifestations which may be followed by cardiac disturbance. The association of quinsy with rheumatism is so common that anti-rheumatic treatment is considered the best treatment for quinsy. He referred to one of his papers on this subject, published twelve years ago, in which the rheumatic cause of quinsy was discussed, and in which mention was made of cardiac disease as one of the sequellæ of these cases through the rheumatic infection.

Dr. H. A. Breuggeman said that the association of rheumatism and quinsy was now recognized, and the development of heart lesions following quinsy could be considered as a rheumatic manifestation.

The amendment to the by-laws as presented by Dr. McCaskey and read for the second time was put to a vote and carried unanimously.

Under miscellaneous business Dr. Bulson spoke at some length regarding a district meeting to be held under the auspices of the Indiana State Medical Association, with a view to stimulating medical organization. Dr. J. N. McCormack, the medical organizer for the American Medical Association, had arranged to attend all of the district meetings in Indiana, and would appear at Fort Wayne to attend the meeting for the 12th district, on October 18th. Dr. Bulson asked that the Fort Wayne Medical xociety act as a host on the occasion, and provide some means of entertainment for the visiting physicians from out of the city. He suggested that an evening session be devoted to a scientific program, with some essayist from a distance as the speaker of the evening, and later the guests to be entertained at a smoker or other social function at the Club. Motion was made and carried that a committee, of which Dr. Bulson should be chairman, should be appointed by the chair to make all arrangements for such a meeting. Drs. B. Van Sweringen and M. F. Porter were added to the committee.

Adjourned. J. C. Wallace, Sec'y

DeKalb and Steuben County Medical Societies.

A joint session of the medical societies of DeKalb and Steuben counties was held at Waterloo, Indiana, November 3, 1904. Papers were read by Dr, M. F. Porter, of Fort Wayne, Dr. T. S. Burr, of South Bend, Dr. J. B. Casebeer, of Auburn, and Drs. T. J. Creel, W. W. Wood and H. D. Wood, of Angola.

NEWS NOTES *and* COMMENTS

Scarlet Fever Infection.

Excellent observers say that the desquamative period of scarlet fever is not the most infectious. Of 3,800 cases studied by Aaser during seven years, 79 undoubtedly contracted the disease from patients who had previously been discharged as recovered. All these patients had been thoroughly cleansed and had ceased desquamating. It is a common observation that scarlet fever is not transmitted to any greater degree during the desquamating period than at any other time. It is highly probable that the microbe is in the discharges from the mouth and nose and may persist for a long time after recovery.—*Bulletin Indiana Board of Health.*

Efficacy of Vaccination.

The September *Bulletin of the Indiana State Board of Health* publishes an item, with illustrations, which ought to be widely circulated in communities where vaccination has been vigorously opposed. Frank Luther, of Brazil, Ind,, was taken sick with a chill, followed by a high fever and shot like eruptions which the attending physician promptly, and, as was proven later, correctly diagnosed as smallpox. The doctor immediately vaccinated the wife and three children. Fortunately the vaccination took splendidly, and though Mr. Luther was covered with smallpox pustules, and his wife and children were with him all the time, they did not take smallpox and they have remained free from it to the present time. Pictures showing the patient covered with smallpox eruptions and the mother and three children in perfect health, are reproduced in the *Bulletin.*

The writer knows of a parallel instance which occurred at the town of Geneva during the recent smallpox epidemic there. A rather prominent man and his family not only opposed vaccination but objected to the closing of the schools during the smallpox epidemic. Eventually the man, his wife and three children, took smallpox and all were confined to bed at one and the same time. But for the fact that a young girl who acted in the capacity of a domestic in the family, had displayed better sense and been

vaccinated, the family would not have had anyone to nurse them. The young girl, who at the outbreak of the epidemic had been successfully vaccinated, did not have smallpox and was able to take care of not only the members of the family where she worked during the time they had smallpox, but later took care of smallpox cases in other families where vaccination had also been opposed.

Instances of this kind might be multiplied a hundred fold, but the lesson does not seem to fall with sufficient weight upon the anti-vaccinationists who continue to oppose the one and only measure which is a preventive of smallpox.

Another Anti-Vaccination Lie Nailed.

An item has been going the rounds of the press relative to the death ol William Taylor, a child, at Port Huron, alleging that "the parents believe that his death was caused by vaccination." But an official report to the Secretary of the State Board of Health, clearly proves that the alleged belief had no foundation in fact. The report says that a short time after vaccination the child was taken sick with bowel trouble and had no medical attendance, the parents being "Christian Scientists." After the death of the child, the coroner called in a reputable physician and found the vaccinated arm, aside from a small scar, was exactly the same as the other, and showed no sign of having been inflamed. The physician and the coroner came to the conclusion that the child had died of "entero-colitis"—inflammation of the bowels. It appears that the parents belong to a sect whose members do not believe in vaccination, nor in calling a physician, and undoubtedly would have been pleased to have had the death recorded as due to vaccination, especially as otherwise there is a suspicion as to the effect of the lack of proper medical attendance for the relief of the inflammation of the bowels.—*Bulletin Michigan State Board of Health.*

Personals.

Dr. J. N. McCormack, of Bowling Green, Kentucky, and Dr. Norman Bridge, of Chicago, addressed the Fort Wayne Medical Society on October 18th by special request. Dr. McCormack, as the representative of the American Medical Association, talked upon "Organization of the Medical Profession," and Dr. Bridge addressed the society on the subject "The Management of Cases of Pulmonary Tuberculosis." A large attendance of physicians

from counties in Northeastern Indiana and Northwestern Ohio were present at the meeting. Drs. McCormack and Bridge were the guests of Dr. Bulson while in Fort Wayne.

* * * * *

Dr. N. L. Deming, Fort Wayne, has returned from an extended summer vacation in the woods of Northern Wisconsin.

* * * * *

Drs. Miles F. Porter and Albert E. Bulson, Jr., of Fort Wayne, were on the program of the Ohio Valley Medical Association which met at Evansville, November 9th and 10th.

* * * * *

Cards have been received announcing the marriage of Dr. W. F. Schrader and Miss Elizabeth Abbee, both of Fort Wayne, which occurred on Tuesday, October 11th. Dr. and Mrs. Schrader are at home at 1502 Calhoun Street.

* * * * *

Dr. Daniel A. Thompson, Professor of Diseases of the Eye in the Medical College of Indiana, and one of the prominent eye specialists in Indiana, died at his home at Indianapolis, October 22nd, from malarial fever and abscess of the liver, after an illness of three weeks.

* * * * *

Dr. George F. Butler has severed his connections with the Alma Springs Sanitarium, of Alma, Michigan, where for nearly five years he has been medical superintendent, and has returned to Chicago, where he will henceforth limit his practice strictly to internal medicine.

* * * * *

Dr. N. Senn, Chicago, has returned from a trip around the world. His regular contributions to the *Journal of the A. M. A.*, giving information regarding medicine and surgery in the various countries visited, have proven of great interest to the many readers of the *Journal.* It is reported that Dr. Senn has resigned his chair in the Rush Medical College with a view to having more time for his private practice and the writing of several books now in course of preparation or contemplated.

* * * * *

Dr. Maurice Rosenthal, Fort Wayne, is building and has about ready for use a forty horse power automobile which has been made from plans prepared by him. The motor car will have some new features not found on any of the cars now on the market, and it is thought that they will prove an improvement

which automobile manufacturers generally will desire to adopt. Dr. Rosenthal will thoroughly test the car during the next two months, with a view to deciding upon its efficiency from all standpoints.

* * * * *

Dr. J. N. McCormack, National Organizer of the American Medical Association, while attending a meeting of the 15th councilor district of Indiana at South Bend, Indiana, October 20th, was tendered a banquet. Dr. J. B. Barteling, of South Bend, acted as toastmaster, and Drs. J. B. Greene, of Mishawaka, R. B. Dugdale, South Bend, W. H. Thompson, Winamac, J. C. Fleming, Elkhart, C. A. Daugherty, South Bend, C. J. Loring, Rochester, and T. A. Burr, South Bend, responded to toasts.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

The Association of Chorea with Taenia Solium.

James Burnet, of Edinburgh, (*British Journal of Children's Diseases*, April, 1904, p. 147), reports two interesting cases under this title. The first case was that of a girl, aged seventeen years, but looking very much younger. Her illness was of five days' duration, the movements beginning upon the right side, but rapidly becoming generalized. She had had a slight choreic seizure four years before. It was impossible to obtain a history of rheumatism, although there was a strong family tendency to that disease, the mother being rheumatic and a sister having developed chorea following an attack of acute rheumatism. The patient's movements became so violent that at times she contrived to throw herself out of bed upon the floor. There was no murmur, but the heart seemed to be dilated.

Under the ordinary treatment with salicylate of sodium there was no improvement until, the possibility of tapeworm being considered, a dose of male fern was administered, and a large tænia solium, without the head, was expelled. From this time

she continued to improve, and after the expulsion of a large number of segments with the head, following another dose of anthelmintic, she made a prompt and complete recovery.

The second case was that of a girl aged twelve years, who, a year before the onset of her chorea, had had an attack of pleurisy, with pains in both lower limbs. She had never been quite well since that attack, having become pale and nervous.

There was no cardiac murmur, but the secondary pulmonary sound was accentuated. She was given antirheumatic treatment, with arsenic in addition. Her condition after several weeks became serious, with a temperature of 101, rapid pulse, and embarassed respiration. Having in mind his previous case, which resisted routine treatment, the author resolved to try the effect of an anthelmintic upon this patient. Accordingly a dose of extr. filicis liq. was administered, which resulted in the expulsion of a complete tænia solium of fair size. There was a rapid disappearance of the symptoms almost immediately. The author believes that chorea, even in rheumatic subjects, may have its origin in other than the rheumatic toxin, and that the possible presence of tapeworm should always be borne in mind in those cases which are not amenable to the usual routine treatment.—*Amer.-Jour. Med. Sciences.*

Occult Hemorrhages in Gastric Contents and Stools.

Clemm, in *Archiv, f. Verdauungs-Krankheiten*, reviews the various sources for slight trickling in the blood in the digestive tract, and the paramount diagnostic importance of its discovery. Clemm urges the importance of seeking for this premonitory occult bleeding as a means of warding off serious hemorrhage in certain affections, especially in tabes and paralysis. In typhoid, so long as a trace of blood can be detected in the feces, the patient should be spared even the slightest exertion. The premonitory occult bleeding in a case of hemorrhagic pancreatitis, reported by Joachim, was the clue to the nature of the affection. Positive finding would enable an operation to be done in time in this rare disease, of which Fiedler has collected 60 cases. In case of gastric ulcer, the coincidence of hyperchlorhydria with occult hemorrhages will confirm a dubious diagnosis if Ewald's assertions in regard to the former are accepted. The diagnosis can be frequently affirmed by the blood findings in case of an ulcer in the esophagus, stomach and duodenum. They also serve to differentiate cancer-

ous processes in the digestive tract from nervous affections, from simple inflammations and from ulcers, as only in the case of cancer is the trickling of blood constant. Clemm mentions, by the way, the opening of a new field for research by Kobert's discovery that the blood from the human umbilical cord crystalizes in an entirely different manner from ordinary human blood, and the crystals formed by blood from the cadaver are entirely different from both. It may prove to be possible to distinguish between blood from a suppurating cancer and blood of other origin by study of the crystallization, as blood exposed to putrefaction thus differs in this respect from fresh blood.—*Jour. A. M.A.*

The Fly as a Carrier of Tuberculous Infection.

The fact that bacteria are the ætiological factors of the majority of the most fatal diseases is now well established, and the efforts of the sanatarian are turned towards determining the avenues of transmission and the methods of combating these infections. The writer, while investigating the possibility of the spread of infection through the fæces of flies feeding on the excreta of typhoid fever patients, and noticing the number of flies that flock around the cuspidors of those suffering from pulmonary tuberculosis, was led to a series of experiments in this connection. The flies used in these experiments were the common house fly (Musca domestica), and the blue bottle (Musca cæsar). In each experiment fourteen flies were used, which were kept confined twenty-four hours previously, in cages made of wire screen, and fed on milk; clean cover glasses were introduced into the cages and on these they willingly defæcated, after which the covers were stained by the Ziehl-Nielsons method to determine if tubercle bacilli were present or not. The results were negative.

The first experiment was made on flies caught feeding on the bottles containing tuberculous sputum that came into the laboratory for examination. These were supplied with clean cover slips, which they speedily soiled. Sixteen of the covers, ten of which contained tubercle bacilli, were stained and examined. The next two batches of flies were fed on tuberculous sputum in which the bacilli had previously been demonstrated. The sputum was placed on watch glasses and covered with a fine wire screen. On this the fly could walk without getting its feet and wings in the sputum and could feed through the meshes. The

flies were also fed on milk, clean cover glasses were introduced left from three to four hours, during which time considerable fæces were deposited on them. They were then withdrawn and stained, and all showed tubercle bacilli. The flies apparently suffered from diarrhœa after feeding on the sputum, as they defæcated more after the infectious material was injested than before.

In the fourth experiment the same conditions were observed, but the flies were watched and, as soon as a cover was spoiled, it was withdrawn and examined, with the same results as the preceding experiment. The flies all died from two to three days after the infectious material was introduced, although the control fed on milk lived from eight to ten days in confinement.

Culture plates, made of the fæces on glycerine agar and incubated two weeks, showed a growth of tubercle bacilli, thus proving that the vitality of the tubercle bacillus is not impaired by passage through the intestinal canal of the fly. Post mortems were made from each batch and smears from the stomach and intestines showed large numbers of tubercle bacilli.

The fæces were also rubbed up with sterile water and injected into the peritoneal cavity of guinea pigs, which developed tuberculosis.

In view of the omnipresence of the house fly and the indiscriminate manner in which it deposits its fæces, the opportunity for the spread of infection is manifest, particularly when it is taken into consideration that this material is charged with all varieties of pathogenic bacteria. The fact that the tubercle bacillus may be transported from the focus of infection in the lung of one person to the alimentary tract of another in the course of a few hours, is highly suggestive of a common mode of transmission. Although the bacilli pass through the alimentary canal of the fly, their virulence is apparently unaltered and, therefore, we must consider such infections almost direct.—*New York Med. Jour*

Tubercle Bacteria in Air Exhaled by Consumptives.

Koelzer concludes thus:—1. The sentence "The air of quiet respiration of consumptives is free from tubercle bacilli" should be amended to read as follows: "The air of quiet respiration of consumptives is not germ free, yet the exhalation of tubercle bacilli occurs only under peculiar conditions, and then to such a slight extent that, from a practical point of view, the expired

air may not be considered as an essential source of infection." 2. The source of the infectivity of respired air is the spraying of mucopurulent material in the lungs, which we hear as rales. 3. The bacilli liberated in quiet expiration are so few in number that they can easily escape exact experimental demonstration. 4. The possibility of infection through quiet respiration is very remote in comparison with that offered by the pulverization of sputum and in spraying of sputum in coughing, sneezing and speaking. 5. Severe laryngeal tuberculosis favors the infection of expired air quantitatively to such an extent that the bacilli can be exhaled in numbers sufficient for experimental demonstration.—(*Zeitschrift fur Hygiene und Infections-krankheiten,*) *Amer. Jour. Med. Science.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

American Surgery.

Dr. W. S. Halstead closed his annual address in medicine, delivered at Yale University, June 27, 1904, as follows: "As operators some of our surgeons are not surpassed by any I have seen; there are, I believe, few operations in surgery which cannot be performed as well in this country as anywhere in the world, and not a few operations are best performed by the surgeons of America.

Hatpin in Child's Stomach.

Arthur F. Holding, of New York, reports (*Annals of Surgery,* Sept. 1904) the case of a child twenty months old upon which a gastrotomy was successfully done for the removal of a hat pin which it had swallowed fifteen days before. The head of the pin rested in the stomach and the point in the esophagus. There were symptoms of mild broncho- pneumonia for three days after the accident. The right arm was noted to be colder than the left after nine days and this symptom persisted until the pin was

removed. Aside from the above exceptions the child was well and made no complaint unless its body was flexed, and it refused to stoop voluntarily. The X-ray picture showed the location of the pin accurately. The child recovered promptly.

Hot Saline Solution in Treatment of Scrofulous Glands.

Unterberger has adopted the *douche filiforme salle* of the Biarritz physicians in his treatment of scrofulous glands in the neck, and states that it accomplishes surprisingly favorable results. He applies a stream of a concentrated saline solution, as hot as can be borne, to the gland for one to three minutes and follows this with hot compresses wet with saline solution, a tablespoonful of salt to a glass of water. He states, in his communication to the *St. Petersburg Medicinische Wochenschrift,* that his success with scrofulous glands has led him to try this method of treatment also for subcutaneous infiltrations and bone and joint affections. The results have been highly satisfactory.—*Jour. of the Amer. Med. Asso'n.*

Typhoid Perforation.

Dr. Louis Frank concludes a paper (*Buffalo Med. Journal*) on this topic as follows:

1. Perforations are to be expected in about 2.5 per cent. of all cases of typhoid fever.

2. Prompt surgical intervention is the best and only logical treatment.

5. Early diagnosis is most desirable and will be the means of greatly reducing the mortality, as 55 to 60 per cent. would recover.

4. Diagnosis, sufficiently early to achieve these results, can only be made by careful watching, treating all cases as serious, and a proper interpretation of the symptoms. At the first indication have the surgeon in consultation and be prepared to operate.

3. More cases die from delay than errors in surgical technic, therefore in doubtful cases, though a mistake may be made and no perforation found, operate.

6. No case, unless dying, is so desperate as to be beyond some hope of saving, so in operating be rapid, lose no time in fancy work or in surgical refinement, and be sure to drain.

7. "Get into the belly quickly and get out more quickly."

Surgical Treatment of Ulcerative Colitis.

K. Vogel (*Munchner Med. Woch.*) describes the treatment of ulcerative colitis by performing an artificial anus in the cecum and irrigating the colon in this way. Boas reports cures of these cases in patients treated some years ago. Bismuth and iodoform suspended in olive oil form a good topical application to these ulcers. After patient is cured, which, according to the author, usually requires a year, the opening is closed.—*Med. Fortnightly.*

"Wier advises amputation of the appendix in these cases, using the stump, after attaching it to the skin of the abdomen, for the passage of a tube through which the bowel may be irrigated. Wier's method is simple, safe, and at the same time does away with a very troublesome member."—(Ed.)

Capital Operations Without Anesthesia.

Dr. J. J. Buchanan, of Pittsburgh, reports (*Jour. A. M. A.*, Oct. 29, 1904,) that for ten years he has been doing certain major operations without anesthesia. Whether he used local anesthesia or not the abstract does not state, but it is presumed he does. The following are indications for the method: 1. Profound septic infection. 2. Severe collapse from loss of blood or shock. 5. Fecal vomiting with liability to drowning during the operation or aspiration pneumonia subsequently. 4. Collapse or compression of the lung with liability to respiratory failure. 3. Obstruction of œsophagus. 6. Advanced kidney disease with liability to anuria.

Effect of Carbolic Acid on the Cornea.

Knowing the efficacy of pure carbolic acid in the treatment of burns of the cutaneous surface, the writer, at a recent meeting of the Fort Wayne Medical Society suggested the advisability of using it in burns of the eye. That it might be beneficial in these cases seems highly probable from the observation of Dr. Edward Stieren, of Pittsburg, who reported (*Jour. A. M. A.*, Oct. 29, 1904) seven cases of burns of the cornea. Four were due to ammonia and three to carbolic acid. All behaved alike for the first few days but ultimately the coreæ burned by ammonia remained opaque while those burned by carbolic acid cleared up and gave good vision.

Autointoxication in Ileus.

Claimont and Rauzi have shown that the fatal symptoms in ileus are due to autointoxication and not to reflex action as is believed by some.

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

The History and the Value of the Rest Cure.

It has now become part of our general knowledge that the "rest cure," originally devised by Dr. S. Weir Mitchell, is an exceedingly valuable measure for the purpose of restoring to health those who from various causes are sufferers from exhaustion of the nervous system. At the twentieth anniversary meeting of the Philadelphia Neurological Society, held on January 26, 1904, Dr. S. Weir Mitchell read a paper on the mental processes by which he devised the rest cure, and so put on record for the first time in a normal manner the early history of this valuable procedure. He told the members of the Society that his attention was first called to nervous exhaustion as a separate condition from organic disease when, during the Civil War, Dr. Keen, Dr. Morehouse, and himself studied together the diseases and functional disorders of soldiers who were sent from the front to the great army hospitals of that day. He was impressed at this time by the physical condition of certain of the men who had fallen by the wayside during long and exhaustive marches and when they were suffering from intense nervous excitement, and he not infrequently watched for months these nervous wrecks, which in some instances recovered sufficiently under rest in bed and forced feeding to be able to return to the front, and once more take their place in the line as able soldiers, Again, he had on one occasion the opportunity of observing the effects of a three-months' rest cure enforced upon a case of locomotor ataxia, in which a fracture of the thigh had followed a fall. The patient greatly improved in many ways, but on being allowed to leave his bed fell a second time, and fractured the opposite thigh, so that another rest cure of three months more was required. The patient truly "entertained an angel unawares," for at the end of the six months he was much better than before his accidents. Still later there came under his care an overworked woman much emaciated, with complete nervous exhaustion, and disorder of

almost every function in her body as a result. She had been to almost every physician of note in this country and Europe without benefit, and remained under his care for a considerable period of time without improving. Remembering the effects of rest, he attempted rest in bed for this patient, but soon found that the results were disastrous in that she was unable to digest her food, and usually vomited all she took. It then occurred to him that if he could provide passive muscular exercise by means of massage and electricity the nervous strength might be saved and nutrition and digestion improved. The result was remarkable.

Although his plan of treatment at first was subjected to adverse criticism, it is now, as is well known, a recognized therapeutic procedure all over the world

A good motto for every physician is "never to use a drug when a remedial measure other than a drug will do equally well." It is mistaken in many instances to attempt to stimulate an exhausted nervous system by drugs when a rest cure is really needed. On the other hand, it must be remembered that a rest cure is useless unless it is carried out sufficiently long and with sufficient detail to permit it to exercise all its good influences.—*Therapeutic Gazette*, March 3, 1904.

Treatment of Acute Alcoholism.

The *Therapeutic Gazette* of August 13, 1904, contains a symposium on the treatment of alcoholism. The papers (three) are very closely in accord in laying stress upon the good effect of the prolonged hot bath in quieting nervousness and producing sleep. They also agree in the main as to medicinal treatment. The use of opiates is postponed as long as possible. Chloral is used sparingly where much cardiac weakness is present, except in the Philadelphia Hospital where it is given in large doses (40 grains) until sleep is produced. In this institution the depressing effects of this remedy upon the heart are not feared nor are they seen. (The writer must also say that he has never seen the so-called depressing effect of chloral.)

Other hypnotics have their advocates, some preferring one and some another. Trional, veronal, paraldehyde, hyoscine, hydrobromati, and sulphonal have been used. Restraint is used humanely when necessary.

In all the institutions whose practices are quoted, the alcohol is withdrawn at once, even in the presence of active delirium.

Organic and Inorganic Iron for Anemia.

For many years much difference of opinion existed as to the manner in which iron is absorbed from the alimentary canal so that it can be utilized by the body for the cure of anemia. Within the last decade a considerable amount of light has been thrown upon the processes by which iron is absorbed, so that our information concerning this matter is much more nearly accurate than it was at one time. It has been taught by many investigators that of the various preparations of iron, inorganic salts produced the best results, and that in the majority of instances the insoluble preparations produced better results than the soluble ones. On the other hand, some physicians have endeavored to cure anemia by the administration of iron derived from organic sources, as from the blood, the liver, or even portions of the bone-marrow, with the idea that as organic iron it would be more readily utilized by the body of the patient. Opposed to them have been the advocates of the use of inorganic preparations, and much evidence has been adduced to the effect that while on its face the administration of hemoglobin may be advantageous, as a matter of fact this complex organic body is so altered before it can be absorbed that it possesses no advantages above the more old-fashioned preparations. For these reasons we have read a paper contributed by Professor Halliburton to the *British Medical Journal*, of April 9, 1904. As a result of his investigations he believes that hemoglobin is a useful substance for the purpose of combating ordinary secondary anemia. Experimenting on rats with crystalline oxyhemoglobin from dogs' blood, he found that such hemoglobin seemed to increase the number of the red blood cells and the total amount of hemoglobin in the blood, and he believes that the greater portion of the absorption of the iron from the hemoglobin takes place in the extreme pyloric end of the stomach, and in the first few inches of the duodenum, the spleen being the principal organ for the storage of the iron. Halliburton, of course, recognizes that hemoglobin is not absorbed as such, but that it is converted in the stomach into acid hematin. This substance is certainly quite difficult of absorption, but is still further influenced by the pancreatic juice, which rapidly dissolves it, forming alkaline hematin, which is readily diffusible through an animal's membrane. Probably therefore the greatest amount of the substance is absorbed through the lower portion of the

duodenum, where the reaction is distinctly alkaline. Still further down in the bowel, where the reaction again becomes acid, absorption probably ceases.

This research of Halliburton, which is confirmatory of a number of others which have been made during the last few years, in no ways destroys our confidence in the value of the various preparations of inorganic iron, but it shows that organic iron derived from hemoglobin is of some value in medicine and is not entirely useless, as some have claimed in the past. For ourselves, we still expect to employ the old fashioned or inorganic preparations whenever a serious anemia of a secondary type is to be combated.—*Therapeutic Gazette*, August 13, 1904.

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Chronic Non-Suppurative Otitis Media.

Dr. Wm. L. Ballenger, in the October *Laryngoscope*, says that a differential diagnosis of the chronic form of non-suppurative otitis media will be comparatively easy in most cases if we bear in mind that there should be but three clinical subdivisions of middle ear diseases; the moist or secreting type, the adhesive or sclerotic, and the spongifying or rarefying ostitis of the bony capsule of the labyrinth. The latter is essentially a disease of the sound conduction apparatus and should, therefore, for purposes of clinical study, be classified with the middle ear diseases. In uncomplicated cases there are no objective signs of middle ear disease. The drumhead is normal in appearance and the eustachian tube is open. The functional tests of hearing give in a general way the same results as are obtained in other diseases of the conduction apparatus. When, therefore, the objective signs of middle ear and eustachian diseases are absent, and the functional examination with the forks and whistles show the conduction apparatus to be affected, it is a fair presumption that the case is

of spongifying or rarefying osteitis. When there is no apparent middle ear disease and the functional tests of hearing lead to the opposite conclusion, the case is one of spongifying. The moist or secreting type of otitis media may be readily diagnosed by the presence of the serous or sero-mucus fluid as seen through the lusterless drumhead, or as shown by auscultation and paracentesis. Adhesive otitis media may be diagnosed by the presence of the fibrous bands seen through the thin, lusterless ground-glass drumhead, together with the calcareous deposits, irregular retraction of the drumhead and the slight or transient improvement of hearing after inflation.—*Jour. A. M. A.*

Incision of the Membrani Tympani.

Dr. F. R. Packard, in the *Medical News* of September 17th, emphasizes the great value of early incision of the membrani tympani in the treatment of acute suppurative otitis media, and the many advantages possessed by the so-called dry treatment and by practicing efficient gauze drainage. He believes that early incision of the membrani tympani is preferable to a waiting policy attended with doubtful anti-phlogistic treatment, and contends that when done under proper precautions practically no risk attends the operation, and the percentage of complications arising as a direct result of the inflammation are less than by any other form of treatment. He condemns douching out the ear in these cases except when it is done by a skilled aurist who can properly dry the ear after such procedures.

Operation on Immature Senile Cataract.

Dr. E. C. Elliott, in an editorial in the *Ophthalmic Record*, says that in operating on cases of senile cataract in whom an ophthalmoscopic examination of the fundus was still possible, and in whom vision of 20-200 remained, success has been as good as that following extraction of mature cataracts, and the results very gratifying to both the patient and the surgeon. In commenting on this same subject Dr. W. M. Carhart, in the *Medical Review of Reviews*, says that given a patient of sixty or more with neuclear opacities in both eyes it is a harsh sentence to pass on him to condemn him to the years of inactivity that must intervene between the time that the opacities interfere with useful vision and the time when one of the cataracts mature. The fact should

be made widely known, eminating from those whose experience justifies them to speak authoratively, that such a patient can be subjected to operation with just as good a chance of success when the cataract is immature as if he is compelled to wait until the physical condition has become less good by reason of advancing years, enforced physical activity, and the possible and even probable development of lesions of the vascular system and kidneys, so common in those of advanced years. It should be more generally known that maturity of senile cataracts is no longer considered as a *sin qua non* of operation.

[We endorse this opinion. Some of the best results ever secured by the writer in cataract extraction came from the extraction of immature cataracts.—Ed.]

Entropion from Ophthalmia Neonatorum.

Don M. Campbell, in the *Journal of the Michigan State Medical Society,* reports total entropion following ophthalmia neonatorum. At the age of three months a successful Hotz entropion operation was performed, but it was found necessary to transplant a mucous membrane flap from the lip of the father to the raw surface left by the dissection of the conjunctival adhesion of the lid to the eye-ball. The operation was in every way a complete success.

BOOK REVIEWS

Bacteriological Charts, in colors, showing sixty characteristic plates of Pathological Bacteria. New York. M. J. Breitenbach Co. 1903.

The chart embraces sixty plates, the majority of which show the characteristic bacteria, with the distinctive stainings, magnified 1,000 diameters. It includes eight different plates of *Hæmanmœba malariæ,* showing the organism at various stages of development, and in the different forms which it assumes in the various kinds of malarial fevers. In these particular plates, as well as those showing *Amœba coli,* an even greater magnification is given.

The chart has evidently been brought down to a very recent date, as it embraces an admirable illustration of De Lisle and Jullien's bacillus of syphilis. The work is one of the most admirable pieces of lithographic production that we have ever seen

emanate from an American house, and the fine gradation of color and variation in tints are so accurately reproduced as to make the chart of great value as well as one of an unusual degree of artistic merit. It is securely mounted in a form which enables the physician to suspend it for ready inspection.

From New York Medical Journal and Philadelphia Medical Journal, Consolidated. New York, July 18th, 1903.

Lea's Series of Medical Epitomes. Nagel's Epitome of Nervous and Mental Diseases. A Manual for Students and Physicians. By Joseph Darwin Nagel, M. D., Consulting Physician to the French Hospital, New York. In one 12mo volume of 276 pages, with 46 illustrations. Cloth $1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1904.

This little volumn—one among the many compends now before the medical profession—is neither better nor worse than the average of its kind. Such books cannot be recommended for serious study, and yet when carefully written, as this appears to be, presents the subject in a brief outline and serves the purpose of a rapid review. The use of such a book should not precede, but should follow a more elaborate treatise for the purpose of refreshing the memory and giving a bird's eye glimpse of the whole subject. G. W. M.

Unconscious Therapeutics; or, The Personality of the Physician.—By Alfred T. Schofield, M. D., M. R. C. S., etc. Publishers, J. and A. Churchill, 7 Great Marlborough Street. London.

It is well that the practicing physician should pause occasionally and think of the things which are presented in this volume by Dr. Schofield. The subject of unconscious therapeutics has been touched on by many writers, as Cathell, but this is the only volume devoted exclusively to this rather obscure phase of treatment. The characteristics of physicians are the result of heredity and early training, and while one may do something, by giving much thought to it, toward eliminating undesirable qualities and cultivating those characteristics of mind which make him better able to control and cure "nervous" patients, we submit that individuals are unable to make a very radical change in their "peculiarities" and that after all the best equipment for the proper handling of such cases is a thorough understanding of the affections being treated, together with an intimate knowledge of human nature in general. We are glad, however, to have had the opportunity of reading this book. B. Van S.

Fort Wayne Medical Journal-Magazine

ALBERT E. BULSON, JR., B. S. M. D., MANAGING EDITOR.
219 West Wayne Street.

MILES F. PORTER, A. M., M. D.
207 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.
407 West Main Street.

BUDD VAN SWERINGEN, M. D., 208 Washington Boulevard.

A Journal of Medicine and Surgery, Published between the 1st and 15th of each month. Price $1.00 per Year, postage prepaid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

THE JOURNAL-MAGAZINE SPECIAL OFFER.—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the Cosmopolitan Magazine, the net price for which is one dollar, and the Fort Wayne Medical Journal-Magazine, the net price for which is also one dollar. Let us have your subscription before this offer expires.

VOL. XXIV DECEMBER 1904 NO. 12

EDITORIALS

Food Adulteration in Fort Wayne.

The Indiana State Board of Health has, during the past year, been doing a little work in the way of inspecting and analyzing certain foods found in the open markets of some of the larger cities and towns in Indiana. The report, published in the October *Bulletin* of the Board of Health, brings out some interesting facts. In all, 191 samples were collected and analyzed. Each sample was given a distinctive mark unknown to the analysist so that he knew nothing of where the sample came from. Of the 191 samples, 90, or 47 per cent., were adulterated. The samples consisted of butter, cream of tartar, baking powder, vinegar, apple butter, maple syrup, strained honey and jellies. From Fort Wayne two samples of cream of tartar were found pure, four of baking powder were all found adulterated, one of "pure" maple syrup was found to be composed of glucose and cane sugar only (a swindle), and one of strained honey was also found to be glu-

cose and cane sugar only (another swindle). As the State provides no means for carrying on a systematic and effective inspection of foods it is thought that more than 50 per cent. of all prepared foods sold in the open markets of Indiana are adulterated, oftentimes to an alarming extent. The need of a law governing the sale of prepared foods in the State is apparent, and in order to make such a law effective the State should appropriate sufficient funds to establish and maintain a laboratory, and pay the expense of inspecting and analyzing suspected foods. Incidentally it may be added that the city of Fort Wayne can accomplish much by having an ordinance which will make it a punishable offense for any merchant or vendor of foodstuffs to offer for sale adulterated foods. Under such a provision the seller would see to it that what he offers the public bears the unmistakable stamp of purity and is as represented. A. E. B., Jr.

Commissions in Medical Practice.

That the above subject needs discussion is enough to make every self-respecting member of the medical profession bow his head in shame. Publicity is one of the best preventives of chicanery, graft and crimes of all sorts.

Let a doctor's patients know that he either receives or pays commissions and he and his patrons will soon part, for in this matter to receive is as reprehensible as to give.

The following, extracted from an editorial in the Chicago *Record-Herald,* is to the point and is a fair presentation of what the public think of medical grafters:

"Politicians and officials who are in public life 'for revenue only' distinguish between legitimate and illegitimate graft. Manifestly the same distinction has been, perhaps unconsciously, adopted by a certain element of the medical profession.

"Few reputable practitioners will boldly defend the soliciting or payment of commissions upon cases referred by younger physicians to more experienced and better known ones. The extent of this pernicious and degrading practice cannot be known to laymen, but there is a significance in the fact that the American Medical Association found it necessary last year to incorporate in its code of medical ethics a strong paragraph condemnatory of the commission-paying business.

"While there is reason for believing that this seal of official disapproval has somewhat discouraged the abuse, its elimination

will require measures of a more drastic and heroic character. In Chicago the efficiency of publicity will be tried.

"It appears that two local physicians (their names are for obvious reasons withheld) caused identical letters to be sent from an Illinois town to about 100 Chicago surgeons and physicians of prominence intimating that a certain 'case' would be referred to the person addressed provided he was willing to pay the usual 25 per cent. commission to the writer, who represented himself as a young man 'just starting a practice,' and therefore in need of the money. It is gratifying to know that the majority paid no attention to the letter, and that twenty-six of those who replied declined the proposal with or without caustic words of admonition and censure. Some of these, it is true, may have been prompted by doubts as to the authenticity of the communication, but one should give each of them the benefit of the presumption of virtue.

"Eighteen of the physicians addressed, more or less guardedly accepted the proposed arrangement, and are now in consequence facing an inquiry by the local Medical Society and possible charges of violation of the ethical code of their profession. The attempts of some at self-culpation are ingenious, but the public will draw its own conclusions." M. F. P.

The Northern Tri-State Medical Association.

The regular mid-winter meeting of the above named association will be held at Toledo, Ohio, Tuesday, January 10th. Never in the history of the Association have the indications pointed to a better meeting from every point of view. The scientific program offers a large number of papers by prominent members of the Association on interesting topics, and the local medical profession of Toledo have promised sumptuous social entertainment of which a banquet followed by toasts is not the least. It should be remembered that the Association is now one of the large and progressive medical organizations, and a cordial invitation is extended to all medical men to attend its meetings. Membership in any regularly organized county medical society of Indiana, Ohio or Michigan which is in affiliation with the A. M. A. constitutes eligibility to membership in the Association. The dues are one dollar per year and entitle the member to the printed transactions of the Association as appearing in this journal.

A. E. B., Jr.

The Management of Cases of Pulmonary Tuberculosis.

In this issue we publish a fairly complete abstract of the extemporaneous address delivered by Dr. Norman Bridge, of Chicago, before the Fort Wayne Medical Society on November 18th. The subject is one of such interest to physicians and public, and the points made are so practical, and so trustworthy when coming from such an eminent authority, that we particularly urge a careful reading of the article. The successful and proper management of cases of pulmonary tuberculosis is a matter of such general mistaken judgment on the part of both physicians and patients that the advice and suggestions of one so competent and experienced as Dr. Bridge should merit serious consideration. We hope, therefore, that the article will be given the attention that it deserves.

A. E. B. Jr.

Fort Wayne's Need of a Municipal Hospital.

Nearly every large city, and many a small city and even town in the United States, maintains a municipal hospital for the treatment and care of the worthy poor who may be sick or injured and the emergency cases of all classes that of necessity may require attention at public expense. The city of Cincinnati, which already owns and maintains at the city's expense a large but overcrowded hospital, is now vigorously debating the subject of a suitable location for a new one million dollar hospital which is to be built and operated at city expense, and numerous other cities that might be named have during the past year either enlarged existing hospitals or built new ones at municipal expense. Such generous and humane consideration of the sick and injured who are too poor to pay for care and treatment but are entitled to hospital care, is not only proper and just but is demanded in the interest of good government. The city of Fort Wayne, however, has no municipal hospital of any kind or description and does not even make provision for the treatment and care of its unfortunate citizens who may be unable to pay for such attention. The three hospitals of the city, maintained by donations from church organizations and public spirited citizens, are required to furnish care for the city's unfortunates who must have the benefits of hospital attention, and at an expense to the hospitals which they can ill afford. A poor unfortunate, without friends or money, who meets with a serious accident on the streets of our city, is promptly taken by the city ambulance to the most convenient hospital, and

the hospital must stand the expense of keeping the patient until he has either recovered or died, and some charitable surgeon must render services without expectation of monetary reward. If the city would even relieve the hospitals of the expense of caring for these cases which the city authorities show absolutely no hesitation in taking to the hospitals, no serious criticism would be offered. As it is the conditions are a disgrace to the city, and a reflection upon the sense of fairness and honesty of the members of the City Council. The hospitals of Fort Wayne in equipment and efficiency would be a credit to any city. They are doing and have been doing for years a charitable duty in caring for the sick and suffering whether there was any money in sight for the service or not. But the hospitals are shouldering more than their duty when they continue, for humanity's sake, to care for those patients that it is clearly the duty of the city to care for. It is a grievous wrong which should be righted, and while the members of our City Council are reading of the generous consideration which other cities are giving the matter of municipal support of hospitals, let them reflect upon the injustice which exists here and consider means and measures for righting the wrong. We have room for a municipal hospital in Fort Wayne, for the three existing hospitals are crowded most of the time, but if the city cannot at this time build a hospital it should by all means make a generous appropriation to reimburse the existing hospitals for the expenses incurred in caring for the city's unfortunates who have no means of paying for their hospital care. Reason and justice, to say nothing of municipal pride, demands such action.

A. E. B., Jr.

Assumed Powers of the State Board of Medical Registration and Examination.

The Fort Wayne College of Medicine has recently received official notice from the Indiana State Board of Medical Registration and Examination to the effect that inasmuch as information has come to the Board (?) that some members of the faculty of the Fort Wayne College of Medicine are not filling the hours assigned to them, the faculty of the college must not feel aggrieved if the Board refuses to recognize the work of the college.

This announcement is only another step in the line of unjust criticism and discrimination which has been dealt the Fort Wayne College of Medicine by the autocratic State Board of Medical Ex-

amination and Registration of Indiana. For reasons that seem easy of explanation the Board has demanded exactions of the medical college at Fort Wayne which are not in keeping with reason or justice and bear but little relation to the exactions demanded of other medical colleges in the State. The Fort Wayne College of Medicine has, up to the present date, tolerated the criticisms and unjust exactions in a dignified manner, but the time has arrived when it will tolerate them no longer. The secretary of the college has therefore been directed to notify the Board that the Fort Wayne College of Medicine is acting in thorough accord with the State laws and Board rulings, and stands ready to defend its position and protect its interests to the fullest extent of the law.

We regret that there should be occasion to question the intent of the Board, but the fact is the Fort Wayne College of Medicine has come nearer to fulfilling its duty than the Board has in carrying out the provisions of the law enacted for the regulation of the practice of Medicine in Indiana. The present Board has from its inception been busy in assuming questionable power and devising ways and means for harassing reputable and qualified medical men and medical schools. Not content with this it has shown a partiality in some of its acts which is not in keeping with the fairness which should be expected from a Board that owes its very existence to the medical profession. Furthermore, the medical pretender and quack thrives in Indiana to the same extent as ever, and evidence can be furnished to indicate that the license to practice medicine in Indiana has not always been secured through knowledge or credentials sufficient to pass the examination of the Board in the prescribed way.

The medical college at Fort Wayne is not seeking trouble, but the time has come when it will demand and secure not only its rights, but the same treatment as accorded every other medical school in the State. It was the second medical school in the Medical College Association to adopt a four years' course, and has always advocated and upheld a higher standard of medical education. Its graduates on the whole will compare in mental equipment with the graduates from many more pretentious schools, and its students at the present writing are being taught in time and subjects all that is required by the rules and regulations made by such an autocratic Board as we at present have in the State of Indiana. It will not, therefore, submit peacefully to any such injustice as seems to be contemplated, and if occasion arises will

bring such evidence into active use that at the conclusion of the investigation the contention of the Fort Wayne College of Medicine will not only be sustained, but the Board will be compelled to admit the discrimination practiced and the questionable methods employed in some instances in carrying out the duties of office.

A. E. B., Jr.

ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

*Some of the Reflexes Upon and from the Stomach.**

BY
S. D. BEAVERS, M. D.,
Decatur, Indiana.

The stomach is the center of a very wide plexus of nerves whose cerebral and sympathetic fibers intermingle and connect in such a manner that it is impossible to separate the fillaments of sensation and motion.

A normal stomach communicates scarcely any sensation whatever to our consciousness. As a rule we lose track of food as soon as it passes our palate. Plain and the most delicate food are almost equally soon forgotten. Ordinarily cold or warm articles of food or drink do not manifest their presence by any special sensation. Notwithstanding these facts it is certain that the stomach physiologically is not void of sensation, for ice water taken into the stomach in large quantities produces the sensation of cold and the faradic current applied within the stomach causes a sensation either of slight burning or of weight in the gastric region. If it were not for this knowledge we might think that normally the stomach transmits no sensation to the brain. In contrast to the small degree of sensation which physiologically exists in the stomach we find that the activity of the sensory apparatus may be pathologically increased and then give rise to marked discomfort.

The painful sensations of the stomach are two-fold. First, those by causes arising within the viscus and with manifestations

*Read before the Fort Wayne Medical Society, Oct. 11, 1904.

within the organ itself, or in other parts of the system sympathetically connected with the stomach. Second, those arising by pathological conditions remote from the stomach which through the sympathetic system exhibit their manifestations largely within the stomach. Thus vomiting may be induced by direct irritation of the mucous membrane of the stomach, or vomiting may be produced by centric irritation, the base of which is the medulla-oblongata. And this nerve centric irritation may be either direct or reflex.

Direct influences upon the stomach may be divided into three classes: Sensory, motor and secretory. Sensory gastric neuroses may be divided into two groups: (a) Those comprising abnormal sensations which point directly or indirectly to the stomach; (b) those comprising special sensations eminating directly from the stomach itself. Thus the need of food and drink is felt through the sensations of hunger and thirst. The perfect arrangement between the nerve centers and the stomach is thus nicely shown. A normal stomach relishes food until the end of a meal, when a condition of satisfaction arising, no more food is desired. If the stomach is crowded beyond this point a sensation of weight and tightness occurs in the epigastric region.

The time when a desire for food appears is physiologically variable and depends upon the time when a person is accustomed to take his meals. Pathologically we may find the desire for food greatly exaggerated or greatly diminished, or even absent. Bulemia may exist alone as a primary affection where undoubtedly it is the result of over-indulgence, gradually perverting the normal; or it may be the result of secondary affection, as in ulcers or cancer of the stomach, intestinal troubles, tape worm, hysteria, neurasthenia and diseases of the brain.

Perverted appetites exist in three degrees: First, an increased desire for spices, mustards, vinegars, green fruits, liquors, etc. This condition we find in catarrh of the stomach, hysteria, and neurasthenic conditions. Second, a desire for things which are not in reality food substances, such as coal, ashes, chalk, insects, etc. This condition we principally find in neurasthenics, hysterics, idiots and lunatics. Third, a desire for disgusting and harmful substances, such as foecal matter, pins, needles, etc. This we find in idiocy and lunacy.

In some persons we find an utter lack of the sensation of satiety. And such persons devour enormous quantities of food

unless the mind is trained to tell when the stomach has sufficient. And we also find those utterly devoid of the sensation of hunger. These conditions are produced largely by abnormality in the nerve centers, yet they may be due to the stomach itself.

There are some individuals who cannot take certain articles of food or medicines without causing distressing conditions of the stomach or system. This we call idiosyncrasy. Many are the articles and variable are the conditions that will produce idiosyncrasies. It is remarkable that in these the same individual manifests the same symptoms repeatedly upon taking the respective article against which he has the idiosyncrasy, though he may be unconscious of taking the article at the time. I call to mind two persons of this kind. The one upon taking quinia sulphate would in a few hours be covered by an urticarial rash from head to foot, accompanied by a distressing dyspnoea. The other, a very robust man, possessed an idiosyncrasy to milk and its products. In partaking of food containing even the smallest quantity of milk or butter he would have severe fits of vomiting, lasting several hours. These idiosyncrasies are the result of some peculiar construction of the nerve tissues.

In some we find the abnormal sensations of heat, cold, heaviness, or the sensation of a foreign body within the stomach; nausea, cramps, epigastric beating. And these sensations occur whether there is food in the stomach or not, each individual being a law unto himself. In this neurotic condition we may have gastralgia simulating the true pathological condition so perfectly as to make it difficult to tell whether it is of stomachic origin, central, reflex, or neurotic.

Under the head of motor neuroses one of the first conditions to be mentioned is spasms of the cardia. No difficulty is found in chewing and swallowing the food at first, but as soon as a few mouthfuls are taken a feeling of pressure is experienced in the middle and upper part of the sternum, and the patient has the sensation as of something remaining in the esophagus. He usually experiences a feeling of dyspnoea and instantly he will breathe much deeper and expire with great force. The act of forceful expiration frequently causes regurgitation of food which was lodged in the esophagus. As soon as the esophagus is empty the patient gets relief. But this condition may repeat itself again and again, as often as the patient partakes of food. In the neurotic form it lasts only two or three days.

Eructation or belching of gas may accompany varied conditions of the stomach, and when it occurs without any pathological alterations it is purely reflex or nervous.

Pyrosis or the ejection of cyme from the stomach into the esophagus usually produces burning in the pit of the stomach. While pyrosis is usually the result of disease, it may occur where the gastric secretions are perfectly normal. When we have the above occurring with sufficient force to expel the food we call it regurgitation. It is generally believed that relaxation of the cardia is the cause of the trouble. And when they result without any abnormal change in the food or discernable disease in the stomach then they too are neurotic.

Nervous vomiting occurs frequently in the overworked, especially in young people attending school. This form of vomiting usually occurs periodically. Occasionally there is associated with this vomiting severe headache, marked pallor, very slow pulse and dilated pupil. Periodic vomiting described by Lyden belongs to this class. This form is found in apparently healthy individuals. The paroxysms occur periodically after intervals of equally long duration. When the attack is over the patient is perfectly free from any gastric symptoms. Often during an attack, though not always, there is severe epigastric pain and a sense of utter prostration. The abdomen is shrunken, the extremities are cold, and nothing at all can be borne by the stomach. This condition lasts from a few hours to several days, when all of a sudden nausea disappears and a feeling of hunger appears. All kinds of food can now be eaten and borne by the stomach which but an hour before could not retain the lightest food.

Excessive peristaltic action usually appears with the obstruction of the pyloris, but may occur as purely neurotic. The latter condition can only be recognized by carefully excluding the obstruction of the pyloris. In obstruction of the pyloris we usually find a hardened or tumor-like condition of the pyloris. In the nervous form we would find by palpation a normal condition. Also in the nervous condition the stomach will empty itself in less than normal time and before stomachic digestion is complete. With the obstruction it would take longer than normal for the stomach to empty itself.

In any constitutional disease of any organ, febrile or afebrile, we find more or less complicated conditions of the digestive or-

gans. And, in fact, in many cases it is very difficult to recognize the secondary nature of the gastric trouble; the primary disease gives so few and unimportant symptoms that they are easily overlooked. In the beginning of pulmonary phthisis the early appearance of gastro-intestinal disorders, such as loss of appetite, disagreeable sensations after meals, belching, bad taste, constipation alternating with diarrhoea, and occasional severe gastralgia. When these symptoms exist before the appearance of any of the usual conditions of tuberculosis we are liable to pass them as real conditions, entirely overlooking the true pathological condition. In chlorosis and anaemia gastric symptoms often play an important part. They, as a rule, belong to the neurotic type.

Heart lesions are frequently attended by stomachic disturbances which as a rule are due to congestion of the gastric mucosa, producing a feeling of pressure in the epigastric region, with anorexia and belching. On the other hand gastric disturbances may produce heart symptoms such as palpitation, etc.

In diseases of the kidney nausea and vomiting may be the first symptom. This may be caused by direct excretion of urea through the gastric mucous membrane, or by urea being carried in the blood to the nerve centers, where by its irritation upon the medulla reflexly irritates the stomach. Also floating kidney may be a reflex cause of vomiting. Vomiting during pregnancy belongs to this group and sometimes it is also the cause of neurotic gastralgia, masking the case and making diagnosis difficult.

Conditions in the liver often give rise to symptoms in the stomach. As, for instance, gall stones give rise to pain within the stomach which may be mistaken for gastralgia, when in reality it is biliary colic. Spinal and brain lesions often give rise to stomachic conditions simulating true lesions of that organ so closely, especially that of gastralgia, that we are apt to cast aside the true condition.

Pain from either disease or traumatism occurring in any part of the system may produce sympathetic nausea and vomiting which occasionally become so severe as to produce alarming conditions.

In neurotic diseases of the stomach conjecture must many times play a very important part in the basing of the pathology. But we do know that neuroses of the stomach may arise directly

from various diseases of this viscus or they may be caused reflexly from diseases or injuries of other organs.

A diagnosis of disease of the stomach is not warranted until after the most careful and thorough study of the symptoms and manifestations.

---

*The Management of Cases of Pulmonary Tuberculosis.**

BY

NORMAN BRIDGE, A. M., M. D.,
Professor of Medicine in the Medical Department of Chicago University (Rush Medical College), Chicago.

The vital question is, how can a person afflicted with pulmonary tuberculosis recover, and if he can not recover, how can we make his life as comfortable as possible and take means and measures to prevent the spread of the disease?

Tuberculosis is not an inherited disease, but is acquired. The reason that we do not all succumb to the disease (for we are constantly taking the germs or baccili into our systems) is that we are able to destroy the germs or baccili by our resisting power. The essence of treatment therefore consists in adopting those measures or that treatment which increases or has a tendency to increase the resisting power in the individual. This can be accomplished by cutting off those things which reduce the vitality. If the patient has been overworked, give him more rest. If he has had too little sleep, give more. If the condition is due to dissipation of any kind, then the dissipation must stop.

The most essential thing to be done in preventing the spread of the infection is to destroy the expectoration, for in the expectoration is generally found the germs of the disease, which, when deposited where they may be carried in any manner to the lungs of a susceptible person may be the means of producing consumption in that person. Destruction of the expectoration can be accomplished by having the patient expectorate in a cuspidor which is partly filled with a strong germicidal agent, or expectorate in a handkerchief or soft Japanese napkin, which can be at once burned. Nowadays there are manufactured numerous pocket cuspidors which when not in use may be kept hermetically sealed, and at a favorable opportunity the contents may be destroyed by burning, or by the use of strong germicidal agents.

---

*Abstract of extemporaneous address delivered before the Fort Wayne Medical Society October 18, 1904.

Rest is the most important factor in the proper management of a case of pulmonary tuberculosis, no matter what the patient's occupation. Frequently a long rest enables the patient better able to resist the disease. Patients with fever should rest nearly twenty-four hours of the day, and should be lying down most of the time. The patient should not be advised that a short rest of a week or so is all that is sufficient. The rest for several months, during which time there is scarcely any activity, is frequently essential in order to establish the necessary resistance to the invasion of the disease process.

Much has been said about the influence of a change of climate, but the advantages of this kind of treatment have been greatly over-rated. Patients and even physicians frequently think that all that is required of a consumptive in order to get well is that the patient go to a different climate where he takes no further precautions to avoid those things which tear down the resisting power than he did in his own home. A change of climate is beneficial when it is coupled with strict adherence to those rules and regulations which are essential to the successful management of the case if the patient is to remain at home. The chief thing is to give the patient a change of the things he has been doing. In the majority of instances as good results, and sometimes even better, may be secured at the patient's own home if he will but adopt those measures which we know to be beneficial in the successful management of the case. Patients suffering with pulmonary tuberculosis cannot afford to relax for one day or for one hour, for a single indiscretion may tear down all that has been built up during a period of weeks, months and even years. No consumptive should be sent to a different climate unless he can be surrounded by all the means of an easy and comfortable life. The climate cure away from home is one of the most expensive measures, while at home it is one of the cheapest measures that can be employed, while yet one of the best. The comforts of home and friends and good food are very important in the treatment of tuberculosis.

Fresh air and an abundance of it is a vital thing in the treatment. If confined indoors the patient should have at least three thousand cubic feet of air from out of doors every hour. Every inspiration should be out of and from fresh air. Pure and fresh air never harmed anyone, and that is why the tuberculous patient

improves when he practically lives out doors twenty-four hours of the day. We should learn to live in a draught. It is a mistake to think that one takes cold in a draught. Hundreds of people will be found sleeping out of doors in the mountainous regions of Colorado, and in the east, where the temperatures frequently are very low, and the draughts of air or wind chilling, and yet not one of such patients has ever been known to have taken cold. We all ought to live in rooms at a temperature of 65 degrees, instead of 75 or 80 degrees as is more common. We should burn in our furnaces the same amount of coal, or even more, in order to warm the air, but we should have our windows and doors open more so that the fresh air can constantly circulate through the house. Instead of shutting out the cold air from our houses we ought to put on more clothing in order to produce comfort, or burn more coal and wood to heat the air as it comes from out doors. Patients suffering from tuberculosis should be in a draught of air and never out of a draught, for when in a draught they are breathing the fresh air from out doors, and when out of a draught they are usually breathing impure air. They should, however, be clothed from foot to head warmly. No one ever took cold with the body and head comfortably warm.

Tuberculous patients should have more nutrition. These patients usually have no appetite, but they should force themselves to eat. The best diet consists of stale bread, milk, eggs and tender meats. No other diet is essential to sustain life for years. Food must be taken as if it were medicine, and it should be taken in regular quantities and at regular intervals. The patient should not be allowed to think he has an appetite, but should take his food as a part of a routine duty. With improvement in the general condition the appetite will return, but it should be a rule that no tuberculous patient should eat a big meal. It is far better that the patient should take five or six meals in twenty-four hours.

There is no medicine that does a great deal of good in tuberculosis. Tonics assist a little in toning up the system. Bicarbonate of soda is a useful remedy for over-acidity of the stomach which is quite common in tuberculous patients. Lavage of the stomach is also useful when there is an excess of mucus. Constipation is not a frequent complaint with these patients, but when it is, an enema is all that is usually required to produce relief. Cod liver oil, so highly rated by some medical men, is gen-

erally worse than useless, as it frequently disturbs the stomach and is of doubtful utility in building up the patient. Cream, butter and eggs are far preferable to cod liver oil, and will accomplish more. Creosote is another drug the value of which in the treatment of tuberculosis has been greatly over-estimated. In the aggregate creosote has done more harm than good in tuberculosis.

The night sweats of a tuberculous patient are always a source of terror to him, and he generally believes that he has been greatly prostrated by the sweat. The reason he perspires is that the temperature produced by the mixed infection falls quickly, and the sweating has done him good.

Pulmonary hemorrhages are also greatly feared, but unless profuse are frequently beneficial. A succession of little hemorrhages is a good thing, and patients having them usually recover quicker than those who do not. When a large hemorrhage occurs it is bad practice to give ergot. The rise of blood pressure produced by the ergot will cause fragile vessels to break. It is a good plan to do nothing unless you know that it will do good. In hemorrhage absolute rest is essential. Morphia is sometimes beneficial, and strapping the chest is sometimes useful. The plan of introducing a hypodermic needle into the chest cavity and allowing air to be sucked into the cavity to compress the lung is of service.

Lung gymnastics have been recommended by some physicians. As a matter of fact deep breaths are injurious, for they stretch the diseased lung and there is no reason why the tuberculous lung should be stretched. If anything the tuberculous lung should be kept quiet, and to effect this strapping the chest is useful.

Bathing is beneficial when carried on in moderation. In the incipiency of tuberculosis a cool bath every day is beneficial if reaction is secured. If the patient remains chilled after the bath, or appears to be fatigued, then the cold baths should not be used.

Moderate exercise in those convalescing and in the incipient cases is of service. The long walks and other vigorous exercise frequently recommended in the treatment of consumption are detrimental for the reason that they tire the patient and reduce the vitality which should be increased.

Patients frequently judge their condition by the frequency or severity of the cough. They generally ask to have something

prescribed for the cough. Cough is Nature's way of expelling the mucus, and if the cough raises the expectoration it is useful and should not be stopped. If the cough does not raise mucus, but is irritating in character, it should be stopped, particularly at night if it disturbs rest.

Patients also avoid going out on damp days and in the evening air. As a matter of fact there is not good and sufficient reason why the patient should not be out doors on cloudy days or damp nights with as little danger of ill effects as on pleasant days. On damp days the expectoration is perhaps slightly increased, and for the same reason patients who have a great deal of expectoration are usually better off in dry climates, whereas if there is but little expectoration the patient will do as well in a damp climate. Nobody whose body and head is warm can take cold, no matter what the weather.

Above all else an early recognition of tuberculosis is essential to a cure or the proper management of the case. If there is loss of weight, loss of appetite, and cough, it is reasonable to suspect the existence of tuberculosis. The microscope is of value in finding the tubercle baccilus, which is the cause of the consumption, but as no person expectorates the tubercle baccilus at the beginning of his illness, other means of diagnosis must be resorted to in making an early diagnosis. If the tubercle baccilus is found in the sputum, then the patient has been sick at least six months. One of the best and safest means of making an early diagnosis is the injection of Koch's tuberculin. When injected in a suspected case, if tuberculosis is present it produces fever inside of twenty-four hours in fully ninety-five per cent. of cases. There is a remote possibility that specific disease will produce a similar reaction, but as yet there has not been sufficient proof to warrant assertion that a reaction occurs even occasionally in specific disease when there is no tuberculosis present.

The curative effect of sunlight must be of some effect, because all animals and plants thrive better in sunlight, and individuals deprived of sunlight soon become debilitated.

A consumptive should always be informed as to the nature of his ailment and impressed with the necessity of constant vigilance in carrying out the prescribed management of the case. He should be told that the successful treatment or management of the case consists principally in avoiding all those things which

tear down the resisting power, and adopting those things which have a tendency to build up the resisting power. There is no specific for the disease; but fresh air at all times, plenty of nutritious food and an abundance of rest has cured many well advanced cases, and will cure a large percentage of cases in incipiency if diagnosed and properly treated early.

---

*The Diseases of Women.**

BY

MARY A. WHERY, M. D.,
Fort Wayne, Ind.

The diseases of women furnish occasion for a large portion of the work of general practitioners and surgeons. The numerous and often very serious affections for which women are compelled to resort to medical advice, would naturally suggest that, as compared to men, women are exceptionally subject to the invasions of disease. But it is probably true that women are really more healthy than men, have more endurance, and have more of the physical resistance that combats morbid processes. How often do we observe that women undergo operations and pass through prolonged illness, where a man would probably succumb? The statistics of widows and widowers show that the former greatly outnumber the latter. We may therefore conclude that if women are subject to very many ailments they still are endowed by Nature with a very strong grasp on life.

A great many female diseases are of a neurotic character, because women are more emotional than men and this characteristic is greatly aggravated by inattention to hygienic rules regarding eating, exercise, clothing and sleep.

The special function of child-bearing is also accountable for women's liability to illness. Menstruation unfits many women for their routine daily duties, and the effort to perform these, in spite of a physiologic condition that forbids, is the cause of much suffering. Except the stomach, the uterus is the most abused of the internal organs of the body, and consequently uterine derangements and diseases are prevalent. We meet an increasing number of cases of specific diseases affecting the womb and its appendages which are due to an imperfectly or partially cured case of gonorrhoea in the woman's husband. There are divorce laws to

---

*Read before the Fort Wayne Medical Society, October 11, 1904.

punish marital infidelity, but infidelity plus septic infection often escapes legal penalty. This is because gonorrhoea in the husband cannot always be accepted as proof of infidelity. The text books state that unmarried men often suppose themselves cured, and their doctors pronounce them so, and yet there is enough latent infection lurking in the urethra to communicate the disease when they marry too soon after the supposed cure. It seems, therefore, taking a sanitary rather than an ethical view of the subject, that women had better condone simple infidelity in their husbands than the communication of disease.

A large number of the gynecologic cases that surgeons are required to remedy are due to unscientific or careless obstetrics. The prevalent idea that parturition is merely a physiologic process has led to much loss of health and no little loss of life among women. Our medical literature is still responsible for a good deal of the public misconceptions on this point. Do not we constantly hear of the practice of "Medicine, Surgery and Obstetrics"—thus classifying obstetrics as something apart? But the fact is that obstetrics is just as much a part of surgery as is ophthalmology. A parturient woman is not properly a sick woman, but one who has gone through a surgical operation. To fasten the surgical idea of obstetrics firmly in the mind of the profession and of the public would be the first step to reforms in practice that would save women from many diseases. The process of child-birth in a civilized woman, with large brained children, is not to be compared with the parturition of animals. Therefore, the notion that any ignorant and uncleanly old woman is competent to undertake this branch of surgery must be admitted to be absurd. The trained nurse as an assistant to the surgeon is in her right place; but the mid-wife—trained or untrained—is an anomaly, and should be classed with osteopaths and others who learn a smattering of one small portion of the medical art and then practice medicine and surgery generally. The licensing of mid-wives is just as wrong as the licensing of oculists who have studied nothing but the eye. The very proper custom is that every specialist should pass the whole medical curriculum, and there should not be an exception made of obstetricians. If every new medical graduate would, in the first two years of his professional life, accept obstetric cases for a moderate fee, he would greatly benefit himself by the practical knowledge gained, would put the ignor-

ant mid-wife out of business, and, above all, would vastly lessen the accidents incurred by parturient women.

Women are unfortunately more liable to malignant diseases than men, and cancers of the breast and womb are more frequent than formerly. It seems to be a law that organs that are frequently in a state of great functional activity are especially liable to disease. Uterine cancer is very often not diagnosed, or even suspected, until it has passed the stage when an operation would be profitable. The sad cases of cancer and those of prolapse with hypertrophy and ulceration, seen in women past the climacteric, forcibly impresses on us the great advantage it would be to such patients if a hysterectomy had been performed soon after the menopause. After the change of life, it has been said, that a womb is of no more use to a woman and is a menace to her life or longevity. In these cases there is no question of unsexing the patient, but of guarding her against the evils that too many of her sisters incur. We have heard a good deal about "normal prophylactic appendectomy," and also a god deal against it. But if there were such a thing as "normal prophylactic hysterectomy," it is certain that similar arguments would not be as cogent against it. And when women become better informed as to their chances of health and comfort in the post-climacteric period of their lives, there will be numerous applications to the skillful surgeon to relieve them of an organ that is functionally dead and pathologically dangerous.

SOCIETY PROCEEDINGS

Fort Wayne Medical Society.

Meeting of October 11, 1904.

Meeting called to order by President Morgan with thirty-one members and guests present. Minutes of previous meeting read and approved.

PAPERS.—Dr. S. D. Beavers presented a paper upon the subject, "Some Reflexes Upon and From the Stomach." (The paper appears in full in this issue of the *Journal-Magazine.*)

The discussion was opened by Dr. B. Van Sweringen, who said that diseased processes which influence the blood stream or disturb the nervous system have a tendency to produce disorders referable to the stomach. Sometimes the lack of appetite and distaste for food if humored serves a useful purpose in that it gives the organs of digestion a chance to obtain a needed rest. On the other hand lack of appetite and distaste for food may be the means of producing harm through depriving the system of nourishment that is absolutely required in order to build up the tissues or maintain some of the physiological functions. An inordinate appetite should generally be looked upon with suspicion, as it more frequently indicates a perverted sensation without adequate demand for the superflous food which the patient desires if his appetite is gratified. Tuberculous patients invariably suffer form anorexia, and if they follow their own inclinations they would eat very sparingly and frequently not sufficiently often to sustain strength. In these patients there is not, generally speaking, a disease of the stomach *per se,* and therefore no treatment directed to the stomach is indicated. In fact, the tissues of a tuberculous patient require nourishment and the influences of good hygienic surroundings, and forced feeding plays a not unimportant role in the successful treatment of tuberculous patients whether the patient has an appetite or not. Care should be observed to discriminate between those tuberculous cases in which the stomach is actually affected directly or indirectly by the tuberculous process, and those cases in which tuberculosis exists as a disease apart from the stomach and has not produced a pathological process within the stomach. Successful diagnosis

as well as successful treatment of any disease of the stomach will depend very largely upon the consideration of the symptoms, and the evidences brought forth by examination of the stomach contents. Fortunately the physician of today is not obliged to treat diseases of the stomach emperically if he will but follow the suggestions and advice of those who have formulated distinct rules of procedure in the diagnosis and treatment of such affections.

The paper was also discussed by Dr. Breuggeman, who further elaborated the points made by the essayist with reference to stomach symptoms as an evidence of irritation of some of the brain centers.

"The Diseases of Women" was the title of a paper read by Dr. Mary A. Whery. (The paper appears in full in this issue of the *Journal-Magazine*.)

The discussion was opened by Dr. Maurice Rosenthal, who said that women are the innocent victims of infections received from man, which produce three-fourths of all the ailments from which they suffer. He particularly called attention to the fact that gonorrhoeal infection is often overlooked on account of its involvement of Skein's glands. In such cases the patient will not be well or rid of the infection until the glands are opened and thoroughly cauterized. He said he could not agree with the essayist that we are justified in removing the uterus from a woman who has passed the climacteric, simply for the purpose of removing a supposed useless organ. He said he thought mid-wives have been responsible for much of the invalidism in women. Too much care cannot be exercised in the practice of obstetrics.

Dr. M. F. Porter said that the only one who has the right to practice as mid-wife is one who has a thorough knowledge of medicine and surgery, added to five years' experience in practice, and then limits practice to obstetrics. He believed there was a place for prophylactic hysterectomy, but said he did not believe we are warranted in removing the uterus of any woman simply because it had passed its sphere of usefulness.

Dr. Maurice Rosenthal asked Dr. Dinnen, one of the members of the State Board of Medical Registration and Examination, what the requirements are for a mid-wife to obtain license to practice mid-wifery. Dr. Dinnen answered that the requirements were the same as for the practice of medicine.

Remarks with reference to the requirements for mid-wives and the laxity of the Board in enforcing the requirements were

made by Doctors Porter, Calvin, Weaver, McOscar and B. V. Sweringen.

The discussion was closed by Dr. Mary A. Whery.

The committee on the McCormack meeting reported that Dr. McCormacak was scheduled to appear in Fort Wayne at an afternoon meeting, October 18th, to talk on medical organization, and that in the evening there would be a popular talk on tuberculosis by Dr. Norman Bridge, of Chicago, to which the public would be invited. It was suggested by the committee that in view of the fact that a large number of visiting physicians from outside the city would be present at both meetings, that some social entertainment should be provided. On motion the committee was given full power to make such arrangements as deemed appropriate for the meetings on October 18th, and the entertainment of visiting physicians.

Dr. S. H. Havice was given special privilege to talk on the subject of advertising on the part of members of the Society by publishing in the daily papers the reports of cases and operations. He said that some of the accounts in the daily papers of operations performed were given in such detail as to give no room for doubt that the attending physician had given the item to the reporter. He said that he had also noticed that reporters had been in the habit of attending the meetings of the Fort Wayne Medical Society when reports of interesting cases were to be made, and had been advised that the reporters were present by invitation of the physicians who were to report cases. He thought the practice should be discontinued, and that physicians be censured for any such attempts to obtain notoriety. He thought it would be a good plan to have the Society request the daily papers not to make any report of meetings except through such information as the secretary thought advisable to give for publication.

Adjourned.

J. C. Wallace, M. D., Sec'y.

Meeting of Tuesday Afternoon, October 18th.

Meeting called to order at 2:00 p. m. by President Morgan with eighty members and visiting physicians present. The President said the meeting was not held under the auspices of the Fort Wayne Medical Society, but had been called by the officers of the Indiana State Medical Association in the interests of medical organization. He therefore considered it proper

to call to the chair Dr. Albert E. Bulson, Jr., of Fort Wayne, the Secretary of the Council of the Indiana State Medical Association.

Upon being called upon to preside Dr. Bulson said that the Indiana State Medical Association had accepted the voluntary services of Dr. J. N. McCormack, of Bowling Green, Ky., the official representative of the American Medical Association, in an effort to stimulate medical organization throughout Indiana by means of a series of meetings held with a view to discussing the subject. The meetings for Indiana had been arranged by districts, and the physicians of the Twelfth district, and one or two counties tributary to the Twelfth district, had been invited to meet at Fort Wayne. Dr. Bulson said that he was pleased to see so many physicians from a distance, and hoped that after hearing the talk on medical organization they would return home enthused with the idea that medical men can best serve their interests by establishing and maintaining county medical societies whose membership lists shall contain the names of all reputable and eligible physicians in the localities represented.

Dr. McCormack upon being introduced said that it gave him considerable pleasure to find that medical organization had met with so much encouragement and success in Indiana. He said that the need of medical organization was apparent if we but remember that less than one-sixth of the physicians of the United States are members of medical organizations, and not a small proportion of the membership of the recognized medical societies is membership in name only. He said that there were many reasons for the existence of medical societies, and why every physician should identify himself with a medical society. First and foremost, medical societies mean advancement along professional lines. No society is so poor but that it cannot give something that is good to those belonging to it. The interchange of ideas not only is beneficial to physicians in the performance of their professional duties, but is a stimulus to study and observation. The social aspects of medical organization is another feature of benefit, for no physician who meets his confreres in such a social way as he does at a medical society can but be influenced by the fact that some good traits of character and mind can be found in every physician, no matter what the judgment was before coming in contact with him.

The old saying "united we stand, divided we fall," applies to the medical profession, for whatever good is accomplished in

the way of medical legislation and medical advancement must come through a united profession. Dr. McCormack said that in his own State of Kentucky the medical profession had been able to defeat the election of a certain judge who had opposed the medical men, but who supposed that he could not be defeated as a candidate of the more powerful party in the State. The result secured had come through the united effort of the physicians, and the wide-spreading influence which they exert in the community. As physicians belong to the more intelligent class of people it is safe to say that unity of action will not be detrimental to the interests of the people, for many desirable legislative acts pertaining to medical education and public health and sanitation would never have been enacted except for the influence of the medical profession, and with still greater unity the results in this direction in the future will be more far-reaching. Physicians wield a powerful influence upon their patrons, and legislators are not infrequently led to vote in the interests of good health laws, and other measures championed by the medical profession, solely through the influence of the family physicians. But the influence of physicians as a class is reduced by the state of dissensions and misunderstandings which exist among medical men. The petty quarrels and jealousies among physicians in many communities have a tendency to discredit the medical profession in the eyes of thinking people. The peace and harmony existing in the legal profession has been the means of placing the lawyer in the front rank among legislators and those who influence legislation. A member of the legal profession who is an aspirant for honors, or who occupies a prominent position, will invariably have the support and confidence of his confreres. In the medical profession it is seldom that a medical man can receive the endorsement of his confreres for any position of trust or responsibility, and in nine cases out of ten the cause can be traced to petty jealousies and misunderstandings which could be easily overcome if only the medical men could be brought together.

The county medical society should be a sort of post-graduate school where new life is put into those medical men who have lost interest. There the most interesting as well as the most perplexing cases should be reported, and there the fullest interchange of ideas should occur, all with a view to improving the educational standing of the members. The county medi-

cal society is of great benefit to the community, in that it is the means of increasing the usefulness of its physicians.

Dr. McCormack further said that it was time that medical men give attention to the business side of the practice of medicine. No community has respect for a person who is indifferent to the business affairs of life, and the physician has, through his inattention to financial affairs, received a reputation for not only slowness in the collection of that which is due him, but slowness in the payment of that due to others. The laity should be given to understand that a progressive and educated physician must receive payment for his services. The physician who insists upon prompt and adequate compensation for professional service rendered will be held in highest regard in the community in which he resides. In the medical society much can be accomplished in the way of influencing the physicians of the community to secure adequate fees, and in acquainting members with the standing of certain "dead beat" patrons.

Physicians when united in medical organizations can do much toward influencing the public press to suppress quack medical advertising, and by a dignified discussion with patrons as to the evils of patent medicine drugging can accomplish much in the way of preventing the public from being humbugged as they are at the present time to the profit of the manufacturers of patent medicine who in many instances have become multi-millionaires by gulling the public. Ministers, who are the worst offenders in endorsing medical pretenders and nostrums, should be invited to attend meetings of the medical societies when questions of public interest are being discussed, and their aid should be invoked in suppressing quackery. The public tolerates quackery and the sale of nostrums because of a lack of education which the medical profession has been slow in giving. Medical societies will do much toward stamping out quackery by openly discussing with the people various subjects pertaining to this evil.

It should be the aim of every physician to be one of the best informed men of the community, medical and otherwise, and to maintain a reputation for integrity and morality. He should be one of the best dressed men in the community, because nothing is so distasteful to those who are called upon to consult a physician as a shabbily dressed physician or one who is untidy in his habits. Finally, it should be the aim of every physician to further

these various interests in every way possible, and he can do so in no better way than by aiding in the establishment and maintenance of a progressive medical society.

In concluding his remarks Dr. McCormack said that it does not take a large number of papers and long discussions to make a good meeting for a county medical society. What is most needed are short papers and many reports of interesting clinical cases, which will stimulate discussion. Every member of a medical society should consider that he has a part to perform in keeping up the interest of the society. He should be willing to contribute of his knowledge for the benefit of others, for by the interchange of ideas and opinions most benefit is secured.

At the conclusion of his address Dr. McCormack was given a rising vote of thanks by those present at the meeting.

J. C. WALLACE, M. D., Sec'y.

Special Evening Meeting, October 18th.

Meeting called to order by President Morgan, with one hundred and fifty members and guests present. Dr. Norman Bridge, Professor of Medicine in the Rush Medical College of Chicago, was introduced, and addressed the Society and visitors on the subject, "The Management of Cases of Pulmonary Tuberculosis." (A fairly complete report of the paper appears among the original articles in this issue of the *Journal-Magazine*.)

At the conclusion of the address Dr. Bridge was given a rising vote of thanks by those present.

The members and visiting medical men were later entertained at a smoker given by the Fort Wayne Medical Society at the Anthony Wayne Club.

J. C. WALLACE, M. D., Sec'y.

Wabash Railway Surgical Association.

This Association met in annual session in the parlors of the Southern Hotel at St. Louis on November 10. The meeting was called to order by the President, Dr. Baker, at 9:30 a. m. It was moved and carried that no more than ten minutes be allowed for the reading of any paper and that no more than five minutes be allowed each speaker desiring to discuss a paper. The following papers were read and discussed:

"Osteitis—With Report of Cases," Dr. J. H. Cole, Council Bluffs, Iowa.

"Is There Danger of Harm Resulting From Too Vigorous and Radical Attempts to Render Wounds Aseptic?" Dr. Miles F. Porter, Fort Wayne, Ind.

"Hernia," Dr. E. H. Griswold, Peru, Ind.

"Report of Case—Amputation," Dr. W. L. Downing, Moulton, Iowa.

"Fractures of the Clavical and the Treatment of the Same," Dr. J. T. Rice, Attica, Ind.

"The Reliability of the X-Ray," Dr. J. P. Hetherington, Logansport, Ind.

"The Treatment of Foreign Bodies in the Eye," Dr. W. H. Snyder, Toledo, Ohio.

"Evidence of General Disease Revealed by Examination of the Eyes," Dr. S. E. McClelland, Decatur, Ill.

"Report of Case—Injury by Street Car Given as the Cause of Death," Dr. Geo. F. Beasley, Lafayette, Ind.

"The Wisdom of Conservative Surgery in Railroad Accidents," Dr. T. L. Putnam, Shenandoah, Iowa.

"Railway Accidents—The Necessity for, and Advantages of Prompt Settlements With the Injured," Dr. R. Vanasom Bray, Chatham, Ont.

"Suppression of the Urine After Chloroform Narcosis," Dr. H. C. Young, Bloomfield, Iowa.

"A Case of Gun-Shot Wound of the Knee-Joint," Dr. C. Kirkpatrick, Adrian, Mich.

The attendance was good and as may be seen from the program the meeting was fully up to the standard of this very excellent Association.

The Association has no by-laws and no constitution and does not spend ten minutes of the time of any one session in the consideration of any business outside of the scientific program. The papers of Griswold, Snyder, Porter and others will appear shortly in the *Journal-Magazine*.

MEDICAL REVIEWS

Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

Significance of Fever in Childbirth.

Ihm in Zeitschrift f. Geb. und Gynakologie, Stuttgart, says: "The simpler, the more rapid, and the more natural the delivery, in case that fever is observed, the greater the chances that the puerperium will progress favorably and that the temperature will approximate normal. The height of the fever and the chills intrapartum are no criterion of the seriousness of the case. The behavior of the pulse is the main point for prognosis. When the pulse rate is high the prognosis is less favorable, even although the temperature may decline. Fever with the bag of waters intact seems to have a more favorable prognosis. These conclusions were deduced by Ihm from study of 200 cases of fever intrapartum. The most important factor in its etiology is the premature or early rupture of the membranes. Long protracted delivery after the rupture does not seem to affect the prognosis unless it lasts more than three days, and the fever sets in soon after the membranes rupture. The prognosis for primiparae is only a trifle less favorable than for multiparae, and the latter are much more liable to have a febrile puerperium than the former when the birth has proceeded normally."—*Jour. A. M. A.*

Problems for Tuberculosis Convalescents.

Holmes, in *Jour. A. M. A.,* concludes as follows: To know when health is restored to the tuberculous patient is both important and difficult. It is a well known fact that foci of infection lie concealed in a latent state long after all subjective symptoms have disappeared. Tubercle bacilli may have disappeared from the sputum, or may never have appeared there, and yet there may be and often are concealed foci, active or inactive, which are by no means easy to detect.

To form a correct estimate of convalescence, one must form a composite picture of all available clinical evidence. If there is a gradual gain in weight extending over a comparatively long period; if the gain in weight is accompanied by a gain in strength;

if the gain of weight and strength are permanent; further, if the cough, sputum and bacilli diminish, and finally disappear, and if the condition is maintained for a comparatively long period, a cure may be considered as practically established.

Finally, if it is evident from the clinical symptoms, physical signs or personal history, that the case was ever truly tuberculous, the conservative physician will use great caution in giving advice which will make it possible to lead his patient too near a danger.

It is safe to state that a person who has had tuberculosis, and who had been sufficiently fortunate to arrive at the advanced stage of convalescence, or even if he had been discharged as "cured," should always exercise care and should never venture too close or remain too long in the environment in which the trouble originally developed.

Tuberculosis and Asylums.

Geist in *Allgebeine Zeitschrift Fuer Psychiatrie,* presents a statistical study based upon the autopsy records of the Zschadrass Asylum during nine years from July, 1894, to July, 1903. The anatomical being preferred to the clinical method on account of its superior reliability. Of 1,471 persons admitted during the period under consideration, twenty-seven (or 1.08 per cent.) died of tuberculosis. Considering the yearly average, however, the percentage drops to 0.65. In a total of 269 deaths—number of autopsies not stated—tubercular lesions, active or healed, were found in ninety cases. The author gives a number of tables illustrating the location of lesions, time in asylum, form of mental disease, whether male or female, etc. Lesions of the lungs, of course, vastly preponderated, while it seems somewhat remarkable that no case of primary tuberculosis of the gastro-intestinal tract was found. The author is fully convinced of the necessity for segregating the tuberculous insane and of selecting to care for them attendants in whom any special predisposition to the disease is excluded, but since in a small institution the number of tuberculous patients present at any one time is limited, he suggests that all those of a district be collected in special pavilion at one of the larger asylums.—*Jour. N. & M. D.*

DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

Aseptic Surgical Technique.

Dr. A. J. Ochsner (*Annals of Surgery*) in a paper on the above topic makes a plea for simplicity, uniformity and reasonableness in aseptic technique. The necessity for simplicity and uniformity in all surgical technique has not perhaps been recognized as fully as their importance demands. Simple details are easily committed to memory—in fact, made a part of oneself—this, together with consistent repetition which results from uniformity, makes it possible for surgeon and assistants to work as it were automatically, and to work automatically is to work safely. As to the usual methods by which wounds are infected the author says:

"My observations have convinced me that the only form of infection which must be considered in surgery is contact infection. This is due to the introduction into the wound of septic material from unclean hands, instruments, sponges, or dressings, or from speaking or breathing into the wound."

This is unquestionably the opinion of all operators of experience and should be the creed of all.

Prostatic Surgery.

In an editorial on the above title in the *Medical News* of November 26, 1904, occurs the following:

"We hope that dread blight of old age, 'catheter life,' may cease to exist. Be it said that had Thompson's warnings, sounded over forty years ago, been heeded, many a man in the prime of intellectual and physical vigor would not have been dragged into an untimely grave by this ghastly and forbidding specter. Surgery is to blame for this lapse in the care of old men. Had fewer ovaries been sacrificed and more prostates dug out, may not both men and women have been happier and longer lived? If as has been repeatedly stated, catheter life, or catheter death, as it should more aptly be called, can at the very outside

average no longer than four years; if, as is held on the very highest authority, death is the penalty for using the catheter in one hundred per cent. of cases, is it not time for us all to wake from our lethargy and urge the perfection of the ideal operation for the diseased prostate?"

(To this last question all surgeons will answer without hesitation, yes. But it must be borne in mind that it is the general practitioner's "lethargy" that is today the chief impediment in the progress of prostatic surgery. It is the general practitioner who first sees these prostatic patients and they must be operated early if the best results are to be obtained. The time to remove an enlarged prostate is as soon as its existence is announced by symptoms. It is the general practitioner's duty to warn the patient of the danger of "catheter life," for he it is who sees the majority of these patients in time to do so.—Ed.)

DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.
Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort Wayne College of Medicine.

Anomalies of Typhoid Secretion.

F. C. Shattuck sketches the evolution of our knowledge of thyroid function, and discusses myxedema and Graves' disease. Fully developed cases of either are not at all difficult to recognize, and Shattuck believes the profession is not sufficiently alive to the fact that many grades of each exist. During the past year he has seen four cases of Graves' disease in males, and two in females; the nature of the trouble was not certain, but the true condition apparently had not been suspected by their previous attendants. The exophthalmos and goiter were entirely absent or slight. Among the important symptoms of myxedema is a lessened renal secretion with a proportionately smaller output of urea. Shattuck's main reliance in treatment of Graves' disease is neutral bromid of quinin, which is given in 0.33 gm. (5 gr.) pills, three or four times daily. He has had little experience with thyroidectomy, but has seen a few cases which oper-

ation has greatly improved. He concludes that Graves' disease for the present is to be treated by rest, diet, climate, attention to the bowels, and neutral bromid of quinin. If these measures are not followed by distinct improvement, operation in severe cases is to be seriously considered.—*Am. Med.*

Hypodermic Injection of Strychnine Nitrate in the Treatment of Progressive Muscular Atrophy.

Sanger Brown, *Jour. Am. Med. Assn.*, reports four cases of progressive muscular atrophy treated by the hypodermic use of nitrate of strychnine. The dose was not very large, gr 1-25 ounce daily, continued for six weeks, and then a rest of two weeks.

Three of the four cases improved, while one died, and the results led the author to say that the prognosis of these cases is no longer so gloomy to him.

A Case of Lysol Poisoning.

F. Fries reports the case of a girl, who took 25 gm. to 30 gm. (1 oz.) of pure lysol for suicidal purposes. She soon became unconscious, staying so for a few hours; during this time her stomach was thoroughly washed out. During the next few days she vomited bloody material and passed bloody stools. On the second day she began to have pain over the kidneys, her urine diminished, became bloody and contained much albumin. On the fourth day she had numerous uremic convulsions; they yielded to treatment after twenty-four hours, but the nephritis persisted for two weeks. This is the only case of lysol poisoning on record, in which hemorrhagic nephritis and uremia were recorded. Of 38 cases of lysol poisoning collected by Fries, 17 were fatal. From 4 gm. to 5 gm. (60 gr. to 75 gr.) he considers the toxic dose for children, from 10 gm. to 12 gm. (2½ dr. to 3 dr.) the toxic dose for adults.—*Am. Med.*

DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.
Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

Dangers of Heroin.

Cohen, in *American Medicine,* says that heroin has all the dangers of morphine salts in general and additional dangers of its own. He has seen suppression of urine and threatening coma with small doses of heroin (in 1-12 grain) prescribed to check cough or relieve pain. He considers heroin as one of the most toxic agents of the morphin group, and its use should be governed by the utmost caution.

The Dunbar Treatment of Hay-Fever.

Dr. Witherspoon presented a clinical case before the September meeting of the Louisville Medical and Surgical Society to show the result of the new serum treatment for hay-fever. The patient had been an old sufferer from hay-fever, the attack coming on annually in August and lasting until the middle of October. The serum treatment was begun during the height of an attack and was used by inhalation. The patient was given early and complete relief.

The Cure of Chronic Discharging Ears.

Dr. J. F. Barnhill, in the *Medical and Surgical Monitor,* says that chronic discharge from the ear is kept active simply from lack of cleanliness in those cases in which the perforation is in the lower part of the drum membrane, and in which there is no bony necrosis or soft tissue proliferation present. If the pus discharge is small and dries in the external meatus in foul smelling crusts, it is often the case that the removal of these and the disinfection of the deeper parts by careful syringing with antiseptic fluids will be followed by speedy and permanent cure. In the presence of granulations, polypi or denuded bone areas, syringing will not be sufficient. The "ear drops" so frequently recommended are worse than useless in the majority of cases of discharging ears. In any event successful treatment demands that the diseased process be followed wherever it may lead, though it be to the mastoid antrum, mastoid cells, lateral sinus, or brain.

All discharging ears not due to tubercle or cancer can be cured. Failure is due to failure of the operator to remove diseased areas completely.

Treatment of Albumenuric Retinitis.

Dr. L. Webster Fox, in the *New York Medical Journal,* in the general treatment of albumenuric retinitis treats the attending anemia with Basham's mixture, one to two teaspoonfuls every two hours. To this is added strychnine sulphate in doses of 1-60 to 1-30 of a grain three times daily. Gray powder (mercury with chalk) one to two grains, and galic acid ten to fifteen grains, administered three times daily, are beneficial in absorbing hemorrhages and exudates. Free purgation and diaphoresis are advantageous. The diet should be such as to exclude fods rich in albumen, such as peas, beans, and potatoes, lamb, beef, mutton, pork, veal, fried fish, gravies, ice cream, pastry, cakes, coffee, and spirituous or malt liquors. Woolen clothing should be worn the year around.

BOOK REVIEWS

The Surgical Treatment of Disfigurements and Deformities of the Face.—By John B. Roberts, A. M., M. D., Professor of Surgery in the Philadelphia Polyclinic; Surgeon to the Methodist Hospital.

This brochure is the second edition of the Metter Lectures for 1900, and is an interesting and practical presentation of the subject. M. F. P.

Books Received.—Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States. For the Fiscal Year 1903.

Appendicitis and Other Diseases About the Appendix.—By Bayard Holmes, B. S., M. D., Professor of Surgery in the University of Illinois, Professor of Chemical Surgery in the American Medical Missionary College, Attending Surgeon to the Chicago Baptist Hospital. New York. D. Appleton & Company. 1904.

This is a Part First of the author's proposed Surgery of the Abdomen to be published under the general title of Surgical Emergencies. The subject is presented in a very readable and practical way, illustratd by numerous clinical reports. Numerous plates and smaller illustrations serve to elucidate the text which is largely based on the author's personal experience. There is much in the book to commend and but little to criticise adversely, but I am convinced that the irrigation of sinuses and daily changing of gauze drainage in the treatment of suppurative peri-

tonitis, as the author advises on page 277, is not good practice and will not be approved of by the majority of men of experience in this line of work. So, too, the removal of the superficial sutures on the "third or fourth" day and the substitution of adhesive plaster therefor is a practice which it seems to the reviewer condemns itself. Either the sutures are unnecessary or they are necessary for a longer time than three or four days. To allow a patient to leave his bed at the "end of the first few hours," "be dressed on the second day and go about the hospital or house without restraint and be discharged cured at the end of the week" is to allow him to subject himself to an unnecessary risk. Especially to be commended is the stand the author takes when he says: "The natural course of appendicitis is onward, progressive, and destructive. There is no safety in rest, starvation and delay, but the gravest dangers of uncontrollable and irremediable disaster." Intussusception, perforating typhoid ulcer and carcinoma of the intestinal tract are treated respectively in the three closing chapters of the work. M. F. P.

The Practical Medicine Series of Year Books, comprising ten volumes on the year's progress in medicine and Surgery, issued monthly, under the general editorial charge of Gustavous P. Head, M. D., Professor of Laryngology and Rhinolgy, Chicago Post-Graduate School. Volume X. Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by W. L. Baum. M. D., and Hugh T. Patrick, M. D. September, 1904. Chicago, the Year Book Publishers. 40 Dearborn Street.

This volume deals with skin, venereal, nervous and mental diseases, the first two topics being reviewed by Dr. W. L. Baum, the last two by Dr. H. T. Patrick, with the collaboration of Dr. C. L. Mix. The section on skin and venereal diseases contains a number of excellent illustrations. The chapter on syphilis is especially full and contains an excellent resume of the year's literature on that important subject.

In the section on nervous and mental diseases a great many important points are presented. Apropo of Babinski's sign the editor discusses Strumpell's sign, quoting Marie to the effect that it has the same significance as Babinski's sign, and expressing his personal opinion that of all the numerous reflexes that have been presented to the profession, the Babinski sign is the only one likely to prove of permanent value. This one he thinks of real worth and should be sought for in every case.

It is interesting to note the recent tendency to regard giantism and acromegaly as identical conditions, both belonging to the pituitary syndrome. Roy says that giantism is the acromegaly of youth. G. W. M.

Blood Pressure.—By L. F. Bishop, M. D., Physician to Lincoln Hospital, New York, etc. E. B. Treat & Company, New York, Publishers.

This little monograph is a discussion of blood pressure from the clinical side. It has been prepared for physicians and will be found of interest to the general practitioner. The causes and symptoms of high pressure are detailed, as well as the author's plan of management in the different affections in which the condition arises. The price is $1.00. B. Van S.

Practical Dietetics, with Reference to Diet in Disease.—By Alida Frances Pattee, Graduate Boston Normal School of Household Arts; Instructor in Dietetics, Bellevue Training School for Nurses. Second Etition. Published by the author, 52 West Thirty-ninth Street, New York City.

Although this volume is written for nurses it is one that may with profit be read by all practicing physicians. The recipes it contains are those which have the recommendation of the authoress and are practical. It is nice to have ready access to a collection of formulae which can be used to tempt the fickle appetite of the sick, as well as to know what kinds of food are suitable in the different diseases. Such knowledge is more important in chronic diseases than is the knowledge of materia medica. This work is not intended to displace such books as Thompson's Dietetics. Indeed, it quotes that work freely. One feels after perusing it that he has been more intimately associated with the work of actually caring for the sick than he does after reading the more ponderous works. B. Van S.

Practical Medicine Series.—July and August Numbers. 1904.

This "Series," under the editorial charge of Dr. A. P. Head, is published by The Year Book Publishers, 40 Dearborn street, Chicago.

The present numbers fully sustain the good reputation the publication has heretofore earned for itself. The reader will remember that this work undertakes to review the different publications and abstract such articls as are, in the opinion of the editor, worth presenting to their readers. The July number contains reviews of materia medica and therapeutics, preventive medicine, climatology, suggestive therapeutics and forensic medicine, while the August number reviews the current literature concerning anatomy, physiology, pathology and bacteriology, ending with a dictionary of new terms. B. Van S.

INDEX

TO THE

Fort Wayne Medical Journal-Magazine

FOR THE YEAR 1904

Volume XXIV

PAGE

EDITORIALS.

Advertising, Suppression of Quack 245
Albumenuric Retinitis, Treatment of 434
Alcohol, and Strychnine, The Antagonism of 282
Alcohol, Wood, Poisoning by 361
American Medical Association, The 73
American Medical Association, Can Portland Take Care of the 243
Anti-Spitting Ordinance, The Valu of 174
Appendicitis Discussion, Concerning the Atlantic City 327
Appendicitis, Medical Treatment of 45
Arthritis Deformans 9
Big Game, Value of 279
Canal Commission, Panama, President Roosevelt Pays no Attention to Recommendation of the Medical Profession as to Appointment of a Medical Director on the 74
Charity Patients, The Nativity of 5
Children, School, Examination of the Eyes and Ears of 107
Cigarettes, Injuriousness of 367
Commissions in Medical Practice 402
Consumptives, May Not Teach 140
Consumptives, Nose Operations for 173
Criminals, Alien Paupers and 326
Crystals, Living 328
Dr. N. S. Davis, Death of 245
Editorials, Signed 47
Enforced Idleness 325
Ethical Questions, Some 364
Examiners, Appointment of, by State Medical Association 139
Eyes and Ears of School Children, Examination of the 107
Fees for the Physician, Inadequate 1
Food Adulteration in Fort Wayne 401
Fort Wayne Water Supply, The 41
Fort Wayne's Need of a Municipal Hospital 404
Game, Big, Value of 279
General Medicine in 1903, Work in the Field of 6
Governor, Hon. Wm. L. Taylor for 75
Hematogenous Jaundice 213
Idleness, Enforced 325
Jails as Breeders of Disease and Immorality 211
Jaundice, Hematogenous 213
Living Crystals 328
Medical Examination, State Board of, Assumed Powers of 405
Medical Progress, Russia's Attitude Toward 248
Medicine, General, in 1903, Work in the Field of 6
Municipal Hospital, Need of in Fort Wayne 404
Nativity of Charity Patients 5
New York, Union in at Last 47
Northern Tri-State Medical Association, The 250, 403
Nose and Throat Diseases, Inefficient Treatment of 109
Nose Operations for Consumptives 173
Panama Canal Commission, President Roosevelt Pays no Attention to Recommendations of the Medical Profession as to Appointment of a Medical Director on the 74
Patent Medicine Crusade, The 175
Paupers, Alien, and Criminals 326
Pharmacopeia of 1900, The United States 9
Poisoning by Wood Alcohol 361
Portland, Care of the American Medical Association at 243
Quack Advertising, Suppression of 245
Roosevelt, President, Pays no Attention to Recommendations of the Medical Profession as to Appointment of a Medical Director on the Panama Canal Commission 74

PAGE
Russia's Attitude Toward Medical Progress 248
School Children, Examination of the Eyes and Ears of..... 107
Schools, The Medical Inspection of..... 111
Signed Editorials..... 47
Spitting, Value of Ordinances to Prevent 174
State Medical Association, Appointment of Examiners by..... 139
State Board of Medical Examination, Assumed Powers of..... 405
Statute, Construction of, as to "Other Agencies"..... 246
Sunshine 10
Taylor, Hon. Wm. L., for Governor..... 75
Tuberculosis, Pulmonary, Management of Cases of..... 404
Water Supply, The Fort Wayne..... 41
Wood Alcohol, Poisoning by..... 361

ORIGINAL ARTICLES.

Abdominal Surgery, Some Atypical Cases in, by Dr. Hal C. Wyman, Detroit, Mich..... 254
Arterio-Sclerosis, Clinical Consideration of, by A. C. Kimberlin, M. D., Indianapolis, Ind..... 214
BEAVERS, DR. S. D.
Some of the Reflexes Upon and From the Stomach..... 407
Breast, Scirrhous Cancer of the, With Notes on X-Ray Treatment of, by Dr. N. L. Deming, Fort Wayne, Ind..... 48
BRIDGE, DR. NORMAN.
Management of Cases of Pulmonary Tuberculosis..... 412
BUCHMAN, DR. A. P.
The Role of Chemical Pathology in Relation to the General Practice of Medicine 293
Cancer, Scirrhous, of the Breast, Notes on X-Ray Treatment of, by Dr. N. L. Deming, Fort Wayne, Ind..... 48
Chemical Pathology, The Role of, in Relation to the General Practice of Medicine, by Dr. A. P. Buchman, Fort Wayne, Ind..... 293
Colles' Fracture, by Chas, C. Miller, M. D., Chicago..... 77
DEMING, DR. N. L.
Notes on X-Ray Treatment With Special Reference to Scirrhous Cancer of the Breast..... 48
DICKEY, DR. WM. A.
The Best Methods in the Treatment of Tuberculosis..... 14
Endocarditis as a Complication of the Acute Infectious Diseases, by Dr. B. P. Weaver, Fort Wayne, Ind..... 368
FAST, DR. L. R.
Diseases in the Sigmoid Flexure 81
Faucial Tonsils, Their Use and Abuse, by Dr. John North, Toledo, O..... 284
FLEMING, DR. J. C.
Surgical Aspects of Tuberculosis 335
Fracture, Colles', by Chas. C. Miller, Chicago..... 77
Gastric Neurasthenia and Allied Conditions, The Treatment of, by Dr. Geo. W. McCaskey, Fort Wayne, Ind..... 329
GILBERT, DR. J. L.
Impotency 11
HESSLER, DR. ROBERT.
Rheumatism and Rheumatic Affections 177
Impotency, by Dr. J. L. Gilbert, Kendallville, Ind..... 11
Infectious Diseases, Acute, Endocarditis as a Complication of, Dr. B. P. Weaver, Fort Wayne, Ind..... 368
KIMBERLIN, DR. A. C.
Clinical Consideration of Arterio-Sclerosis 214
McCASKEY, DR. GEO. W.
The Treatment of Gastric Neurasthenia and Allied Conditions..... 329
MILLER, DR. CHAS. C.
Colles' Fracture..... 77
Neurasthenia, Gastric, and Allied Conditions, The Treatment of, by Dr. Geo. W. McCaskey, Fort Wayne, Ind..... 329
NORTH, DR. JOHN.
The Faucial Tonsils; Their Use and Abuse..... 284
Ovaries, Double Dermoid of, and Torsion of Pedicle, by Dr. Miles F. Porter, Fort Wayne, Ind..... 141
Pathology, The Role of Chemical in Relation to the General Practice of Medicine, by Dr. A. P. Buchman, Fort Wayne, Ind..... 293
Pedicle, Torsion of and Double Dermoid of the Ovaries, by Dr. M. F. Porter, Fort Wayne, Ind..... 141
PORTER, DR. M. F.
A Clinical Lecture—Double Dermoid of the Ovaries With Tortion of the Pedicle of the Left—Celiotomy 141
Surgical Diagnosis..... 251
Rheumatism and Rheumatic Affections, by Dr. Robert Hessler, Logansport, Ind..... 177
Sigmoid Flexure, Disease in the, by Dr. L. R. Fast, Paulding, Ohio..... 81
STEMEN, DR. C. B.
History of the Association of the Wabash Railway Surgeons..... 111
Stomach, Reflexes Upon, by Dr. S. D. Beavers, Decatur, Ind..... 407
Surgery, Abdominal, Some Atypical Cases in, by Dr. Hal C. Wyman, Detroit, Mich..... 254

PAGE
Surgical Aspects of Tuberculosis, by Dr. J. C. Fleming, Elkhart, Ind..... 335
Surgical Diagnosis, by Dr. M. F. Porter, Fort Wayne, Ind..... 251
Tonsils, The Faucial, by Dr. John North, Toledo, Ohio..... 284
Torsion of the Pedicle, Double Dermoid of the Ovaries, by Dr. M. F. Porter, Fort Wayne, Ind..... 141
Tuberculosis, Surgical Aspects of, by Dr. J. C. Fleming, Elkhart, Ind..... 335
Tuberculosis, The Best Method in the Treatment of, by Dr. Wm. A. Dickey, Toledo, Ohio..... 14
Tuberculosis, Pulmonary, Management of Cases of, by Dr. Norman Bridge, Chicago..... 412
Wabash Railway Surgeons, History of the Association of the, by Dr. C. B. Stemen, Fort Wayne, Ind..... 111
WEAVER, DR. B. P.
Endocarditis as a Complication of the Acute Infectious Diseases..... 368
WHERY, DR. MARY.
The Diseases of Women..... 417
Women, Diseases of, by Dr. Mary Whery, Fort Wayne..... 417
WYMAN, DR. HAL C.
Some Atypical Cases in Abdominal Surgery..... 254
X-Ray Treatment, Notes on, With Special Reference to Scirrhous Cancer of the Breast, by Dr. N. L. Deming, Fort Wayne, Ind..... 48

MEDICAL REVIEWS.

Abdominal Wounds in War, The Treatment of..... 272
Abortion for Choroiditis and Detachment of the Retina..... 320
Accessory Sinuses of the Nose, Headache From Non-Suppurative Inflammation of the..... 100
Actinic Rays, Neurasthenia and Its Treatment by..... 350
Adenoids..... 108
Adhesions, Perigastric..... 130
Adrenal Extract in Gastrointestinal Atony..... 98
Adrenalin in Gastric Hemorrhage..... 72
Adrenalin to Prevent Reaccumulation of Serous Effusions, Injection of..... 230
Age, Old, Prevention of..... 273
Air Into Veins, Entrance of..... 209
Alcohol Amblyopia, Methyl..... 206
Alcoholism, Acute, Treatment of..... 395
Amblyopia, Alcohol, Methyl..... 206
Amblyopia, Tobacco..... 321
American Surgery..... 391
Anaesthesia, Capital Operation Without..... 393
Anemia, Organic and Inorganic Iron for..... 396
Angioma, The Cure of, by Means of Electrolysis..... 163
Anguish, New Observations Upon Neuroses of..... 199
Antitoxin for Rattlesnake Venom..... 238
Antitoxin, Tetanus..... 99
Anti-Tuberculosis Rules of Dr. Knopf, The..... 323
Appendicitis, Cases Mistaken for..... 352
Appendicitis, Differentiation of, From Intestinal Obstruction..... 209
Appendicitis, Has Influenza Been a Causative Factor in the Increase of... 318
Appendicitis, Toxic Phenomena in..... 71
Appendicitis, Treatment After Operation for..... 136
Appetite and Gastric Secretion..... 317
Arterio-Sclerosis, Treatment of.....203, 357
Aseptic Surgical Technique..... 430
Arthritis Deformans, The Treatment of..... 357
Ataxia, Locomotor, Sodium Cinnamate in..... 132
Atrophy, Progressive Muscular, Strychnine Treatment of..... 432
Atony, Gastrointestinal, The Use of Adrenal Extract in..... 98
Autointoxication in Ileus..... 393
Bacteria, Tubercle, in Air Exhaled by Consumptives..... 390
Banti's Disease, Splenectomy in..... 34
Barber Shop, The Hygiene of the..... 268
Bence-Jones Protoid in the Urine..... 64
Blindness from Operation on the Nose..... 240
Bone Cavities, Procedure for Filling..... 101
Brain, Glioma of..... 350
Brain Surgery, Silver Foil in..... 135
Breast, Importance of Removal of Doubtful Tumors of..... 271
Bright's Disease from an Ophthalmic Standpoint, The Surgical Treatment of..... 37
Bright's Disease, The Treatment of.....37, 72, 136, 202
Cancer, Treatment for.....33, 95
Carbolic Acid on the Cornea, Effect of..... 393
Cataract, Immature, Operation on..... 398
Cataracts, Senile, Is Double Operation Justifiable..... 38
Cerebral Tumors, Contribution to the Surgery of..... 32
Cervix, Immediate Repair of..... 319
Childbirth, Significance of Fever in..... 428
Chorea, Association With Taenia Solium..... 387
Choroiditis and Detachment of the Retina, Abortion for..... 320
Ciliary Spasm of Hysteria..... 208
Colitis, Ulcerative, Surgical Treatment of..... 393

PAGE
Consumptives, Tubercle Bacteria in the Air Exhaled by..... 390
Cornea, Effect of Carbolic Acid on the 393
Decapsulation of the Kidneys..... .....72, 136, 232
Decapsulation, Unilateral Hematuria Cured by..... 136
Detachment of the Retina, Abortion for Choroiditis and..... 320
Diabetes, The Dietetic Treatment of..... 269
Dietetic Treatment of Arteriosclerosis 203
Diet of Chronic Heart Disease..... 315
Digitalis for Subcutaneous Internal Administration 35
Diphtheria, The Prevention of..... 322
Diuretics, The Action of Saline Purgatives and..... 204
Drug Eruptions..... 67
Ears, Chronic Discharge, Care of..... 433
Ear Grafting..... 166
Electrolysis, The Cure of Angioma by Means of..... 163
Entropion from Ophthalmia Neonatorum 399
Epilepsy, Sympathectomy in, Glaucoma, and Exophthalmic Goitre..... 136
Epistaxis, Treatment of..... 133
Eruptions, Drug..... 67
Esophagus, Etiology of Idiopathic Dilation of..... 351
Exophthalmic Goitre, Sympathectomy in..... 136
Eye Diseases, Inflammatory, Salicylate of Sodium in Large Doses in..... 240
Eye, Photographing the Background of 277
Eyes, Mercury in the Treatment of Syphilis of..... 133
Fever, Significance of in Childbirth..... 428
Fly, as a Carrier of Tuberculous Infection 389
Foreign Bodies Swallowed..... 34
Gastric Contents and Stools, Occult Hemorrhages in..... 388
Gastric Hemorrhage, Adrenalin in..... 72
Gastric Secretion, Appetite and..... 317
Gastric Ulcer.....30, 35, 136
Gastrointestinal Atony, The Use of Adrenal Extract in..... 98
Gelatin, Tetanus from Hypodermic Use of..... 238
Glands, Scrofulous, Hot Saline Solution in Treatment of..... 392
Glaucoma and Exophthalmic Goitre, Sympathectomy in..... 136
Glaucoma, The Ultimate Results of Primary Iridectomy for..... 206, 207
Glioma of the Brain..... 350
Gloves, Rubber, to Replace..... 134
Goitre, Exophthalmic, Sympathectomy in..... 136
Gonorrhoea and the Prostate..... 271
Grafting, Ear..... 166
Grafting, Skin, Open Treatment After 319
Hatpin in Child's Stomach..... 391
Hay Fever, Quinine in..... 320
Hay Fever, Dunbar Treatment of..... 433
Headache from Nonsuppurative Inflammation of the Accessory Sinuses of the Nose 100
Heart, Bullet Removed from..... 210
Heart Disease, Diet of Chronic..... 315
Hemoptysis, The Treatment of..... 274
Hemorrhage, Gastric, Adrenalin in..... 72
Hemorrhages, Occult, in Gastric Contents and Stools..... 388
Hernia, Strangulated, in a Woman Ninety Years of Age; Operation; Recovery 135
Heroin, Dangers of..... 433
Hourglass Stomach 129
Hygiene of the Barber Shop, The..... 268
Hyoscine Poisoning 239
Hysteria, Ciliary Spasm in..... 208
Ichthyol in Pulmonary Tuberculosis..... 162
Ileus, Autointoxication in..... 393
Immunity, The Cultivation of..... 159
Infection, Throat, Due to an Organism of the Oidium Group, a New Form of..... 354
Infectious Diseases of Unknown Etiology 164
Influenza, A Causative Factor of Appendicitis 318
Insomnia 130
Intestinal Obstruction, Differentiation of Appendicitis from.....209
Intestinal Transplantation for the Formation of an Artificial Vagina..... 352
Intratracheal Injections..... 275
Iridectomy for Glaucoma and Its Immediate After Treatment.....206, 207
Irrigation in Acute Specific Urethritis 101
Iron, Organic and Inorganic for Anemia 396
Kidney, Decapsulation of.....72, 136, 232, 319
Knopf's Rules in Tuberculosis..... 323
Labor, To Rob it of Pain..... 209
Laboratory Diagnosis..... 158
Lachrymal Sac, Extirpation of After the Injection of Paraffin..... 355
Leukemia and Pseudoleukemia, The X-Ray in..... 132
Locomotor Ataxia, Sodium Cinnamate in..... 132
Lysol Poisoning 432
Mammary Inactivity, Thyroids in..... 34

PAGE
Membrani Tympani, Incision of ... 398
Mercury in the Treatment of Syphilis of the Eyes ... 133
Monyhan's Method in Suprapubic Prostatectomy ... 103
Myeloma, Multiple, With Bence-Jones Protoid in Urine ... 64
Nephritis, Acute, Tonsilitis a Cause of ... 322
Neurasthenia and Its Treatment by Actinic Rays ... 350
Neuroses and Psychoses, Post-Traumatic ... 270
Neuroses of Anguish, New Observation Upon ... 199
Nose, Headache from Accessory Sinuses of ... 100
Obstruction, Intestinal, Differentiation of Appendicitis from ... 209
Oidium Group, A New Form of Throat Infection Due to ... 354
Ointment, Yellow Oxide, Method of Making ... 356
Old Age, Prevention of ... 273
Ophthalmia Neonatorum, Entropion from ... 399
Otitis Media, Acute Suppurative, Complicated With Acute Articular Rheumatism ... 321
Otitis Media, Chronic Non-Suppurative ... 397
Pain, To Rob Labor of ... 209
Paraffin, Extirpation of the Lachrymal Sac After the Injection of ... 355
Paronychia, An Operation for ... 272
Paroxysmal Tachycardia ... 317
Pathology of the Acute Psychoses ... 31
Perigastric Adhesions ... 130
Photographing the Background of the Eye ... 277
"Pink Eye," The Pupil in ... 276
Pneumonia ... 96
Pregnancy, Retroversion During ... 319
Pregnancy, The Early Signs of ... 33, 166
Prostate, Gonorrhoea and the ... 271
Prostate, Hypertrophied, The Operative Treatment of ... 70, 103, 237
Prostatectomy, Suprapubic, Monyhan's Method in ... 103
Prostatic Surgery ... 430
Protoid, Bence-Jones, in the Urine ... 64
Pseudoleukemia, The X-Ray in Leukemia and ... 132
Psychoses, Pathology of the Acute ... 31
Psychoses, Post-Traumatic Neuroses and ... 270
Puerperal Eclampsia, Urea in ... 319
Pulmonary Tuberculosis, Ichthyol in ... 162
Pulmonary Tuberculosis, New Methods of Treatment of ... 234
Pupil in "Pink Eye" ... 276
Purgatives and Diuretics, The Action of Saline ... 204
Quinine in Hay-Fever ... 320
Rattlesnake Venom, Antitoxin for ... 238
Rest Cure, The History and the Value of ... 394
Retina, Abortion for Choroiditis and Detachment of ... 320
Retinitis, Albumenuric, Treatment of ... 434
Retroversion During Pregnancy ... 319
Rheumatism, Articular, Acute Suppurative Otitis Media Complicated With ... 321
Rhinitis, Chronic ... 320
Rubber Gloves, To Replace ... 134
Salicylate of Sodium in Large Doses in Inflammatory Eye Diseases ... 240
Saline Purgatives and Diuretics, The Action of ... 204
Saline Solution, Hot, in Treatment of Scrofulous Glands ... 392
Sciatica, The Treatment of, With Strychnine ... 99
Scrofulous Glands, Hot Saline Solution in Treatment of ... 392
Serous Effusions, Injection of Adrenalin to Prevent Reaccumulation of ... 230
Sexual Conditions, Perverse Factors of ... 63
Silver Foil in Brain Surgery ... 135
Sinuses of the Nose, Accessory, Headache from Nonsuppurative Inflammation of ... 100
Skin Grafting, Open Treatment After ... 319
Sodium Cinnamate in Locomotor Ataxia ... 132
Splenectomy in Banti's Disease ... 34
Sterility and X-Rays ... 33
Stomach, Hat Pin in Child's ... 391
Stomach, Hourglass ... 129
Strychnine. The Treatment of Sciatica With ... 99
Strychnine in the Treatment of Progressive Muscular Atrophy ... 432
Sub-Conjunctival Injections ... 37
Suprapubic Prostatectomy, Monyhan's Method in ... 103
Surgery, American ... 391
Surgical Technique, Aseptic ... 430
Sympathectomy in Epilepsy, Glaucoma and Exophthalmic Goitre ... 136
Syphilis of the Eyes, Mercury in the Treatment of ... 133
Tachycardia, Paroxysmal ... 317
Taenia Solium, The Association of Chorea With ... 387
Tetanic Attacks Occurring With Chronic Ulcer of the Stomach, Remarks on Gastrosuccorrhoea and ... 200
Tetanus Antitoxin, Administration of ... 99
Tetanus from Hypodermic Use of Gelatin ... 236
Throat Infection Due to an Organism of the Odium Group ... 354

PAGE
Thyroids in Mammary Inactivity 34
Tobacco Amblyopia 321
Tonsilitis, A Cause of Acute Nephritis 322
Tonsilitis, Acute 134
Tongue, Importance of in Diagnosis 160
Transplantation, Intestinal, for the Formation of an Artificial Vagina 352
Transplantation of the Urethra of Animals 353
Tubercle Bacteria in Air Exhaled by Consumptives 390
Tuberculosis, Rules of Dr. Knopf 323
Tuberculosis, Treatment of 161, 162, 163, 233, 234, 323
Tuberculous Infection, The Fly as a Carrier of 389
Tuberculosis, Problems for Convalescents 428
Tuberculosis in Asylums 429
Tumors, Cerebral, Surgery of 32
Tumors of the Breast, Doubtful, Early Removal of 271
Typhoid Fever 69, 127, 392, 431
Ulcer, Gastric 30, 35, 136
Ulcerative Colitis, Surgical Treatment of 393
Urea in Puerperal Eclampsia 319
Urethritis, Acute, Value of the Irrigation Method of Treatment 101
Urine, Bence-Jones Proteid in 64
Vagina, Artificial, Intestinal Transplantation for the Formation of 352
Veins, Entrance of Air Into 209
War, The Treatment of Abdominal Wounds in 272
X-Rays, and Sterility 33
X-Rays in Cancer 33
X-Rays in Leukemia and Pseudoleukemia, The 132
Yellow Oxide Ointment, Method of Making 356

SOCIETY PROCEEDINGS.

American Medical Association 262
DeKalb and Steuben County Medical Societies 383
Fort Wayne Medical Society 26, 59, 87, 116, 145, 182, 221, 257, 299, 342, 374, 420
Indiana State Medical Association 190, 310
Marshall County Medical Society 263
Noble County Medical Society 311
Northern Tri-State Medical Association 18, 263, 305
Wabash Railway Surgical Association, The 126, 426
NEWS NOTES AND COMMENTS 17, 55, 152, 194, 229, 267, 312, 347, 384

BOOK REVIEWS.

Abrams, "The Blues" 168
Areall, "Non-Surgical Treatise on Diseases of the Prostate Glands and Adnexa" 40
Bacteriological Charts 399
Ball, "Modern Ophthalmology" 325
Bishop, "Blood Pressure" 436
Cohn, "Electro-Diagnosis and Electro-Therapeutics" 359
Coolidge, "The Mother's Manual" 278
Davis, "The Self Cure of Consumption" 105, 137
Fischer, "Infant Feeding in Its Relation to Health and Disease" 171
Fox, "Diseases of the Eye" 323
Gould, "Biographic Clinics" 169
Hare, "Progressive Medicine" 138, 169, 360
Head, "The Practical Medicine Series of Year Books" 39, 167, 211, 242, 435, 436
Holmes, "The Practical Care of the Baby" 106
Holmes, "Appendicitis and Other Diseases About the Appendix" 434
Jousset, "The Pathogenic Microbes" 137
Kelley, "International Clinics" 104, 210, 278
Lenhartz, "Manual of Clinical Microscopy and Chemistry" 241
May, "Diseases of the Eye" 39
Morrow, "Morrow on Social Diseases" 105
Muir, "Manual of Materia Medica and Pharmacy" 278
Nagel, "Nagel's Epitome of Nervous and Mental Diseases" 400
Pattee, "Practical Dietetics, With Reference to Diet in Disease" 436
Ricketts, "Surgery of the Pancreas, Diaphragm, Spleen, Thyroid, and Hydrocephalus" 360
Roberts, "The Surgical Treatment of Disfigurements and Deformities of the Face" 434
Robinson, "Arteria Uterina Ovarica, the Utero-Ovarian Artery or the Genital Vascular Circle 360
Schofield, "Unconscious Therapeutics, or the Personality of the Physician" 400
The International Medical Annual 171
Tuley, "Pediatrics" 241
Von Noorden, "Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition" 138, 142
Wood and Woodruff, "Commoner Diseases of the Eye" ..... 17(

ECKMAN BINDERY
BOUND TO
NOV 24 1942
PLEASE
N. MANCHESTER, IND.